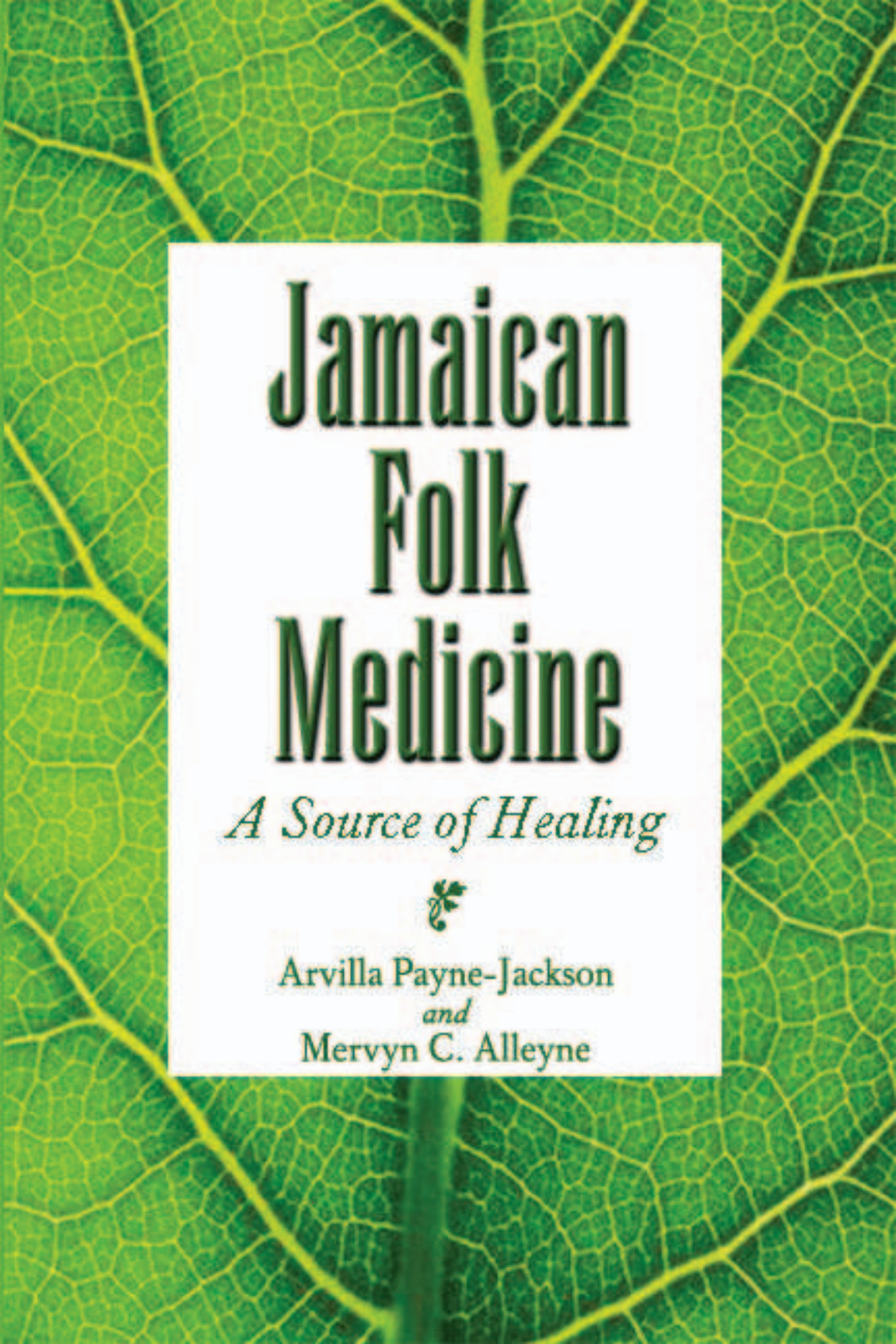
Jamaican
Folk
Medicine
A Source of Healing
Arvilla Payne-Jackson
and
Mervyn C. Alleyne

Jamaican Folk Medicine

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Contents

Preface

This book is the result of collaborative work by the co-authors. We had both been working independently on various aspects of Jamaican culture, and it was our common interest in folk medicine that brought us together in 1989. We set in motion a systematic research programme under the aegis of an exchange protocol between Howard University and the University of the West Indies. It was a very complementary relationship, the one interested in the sociological and ethnological dimensions of folk medicine and in herbals, the other in linguistic aspects, in history and in the underlying philosophical structures of folk medicine.

It was the strong opinion of both authors that Jamaica was an extremely fruitful location in which to conduct folk-medicine research. No comprehensive single publication has brought all the issues and dimensions of folk medicine together under one cover. It seemed vitally important that the case of Jamaica be fully added to the literature of medical anthropology and that the extensive folk pharmacopoeia based on herbals be more widely known. Indeed, besides its academic value to teachers, students and researchers, such a publication would aid health and healing practitioners and policy makers in carrying out their work.

Jamaica is well known for its biodiversity, both in flora and in fauna, including a number of endemic species. This biodiversity is well represented in the large number of herbs that have been used in the past and continue to be widely used to cure a variety of illnesses and maintain good health. Jamaica is also well known for its cultural richness and its rather particularistic cultural development. Its cultural history is dotted with European (British, Spanish, German, Portuguese), African (very diverse, but chiefly Twi, Yoruba, Igbo, Bantu), Asian (Indian, Chinese) and American (Taino-Arawakan) inputs. It is a fascinating mix of conservatism and retention (for example, the Maroons), creolization (exemplified by the Jamaican language) and innovation (for instance, Rastafarianism), syncretisms (European-African, African-Taino, African-Indian, among others) and modernization.

We believe that the work presented in this book has important implications for health-care policy and health-care delivery. Folk medicine in its different forms is practised widely in Jamaica, to different degrees. Much of this practice is very private, even covert, and, as such, is subject to a great deal of misunderstanding, misinformation, myth and downright malicious propaganda. But it is so pervasive that there is no doubt that a need exists for a work which tries to describe this practice comprehensively, in total terms and in a dispassionate but sensitive way. There is no work aiming at such comprehensiveness, and some of the major constituents of Jamaican folk medicine have hardly been studied at all. Aetiology, which will be shown here to be a major factor in choice of practitioner and therapy, and which is related to the overall world view of Jamaicans, is virtually unstudied. No comprehensive classification of folk practitioners or of folk treatments exists. A better and deeper understanding of the folk medical system could undoubtedly lead to a better understanding between folk practitioners and biomedical practitioners in the official medical system. It could also lead to a better understanding between biomedical practitioners and the clients/patients who may be immersed in an alternative folk medical system. As is the case with other aspects of Jamaican traditional culture, Jamaican folk medicine is largely misunderstood and subject to negative, pejorative attitudes on the part of the modernizing, socially mobile segments of the population. Without wishing this book to be seen as having a crusading motivation or intent, we hope that it will help to dispel some of the myths and correct some of the misinformation about folk medicine prevalent among Jamaicans and other West Indians. As a specific measure to increase this understanding, we propose to produce

a *Handbook on Health Practitioner–Patient Communication*, which will include the folk terminology of illnesses and of the human anatomy.

The phenomenon that is the theme of this book has undergone considerable terminological change. Scholars, dissatisfied with the original term *folk medicine*, have sought other vocabulary that seemed either more politically or more scientifically correct. We, the authors, have also explored the terminological options in search of an appropriate title for this book. We, like many other scholars, are unhappy with the connotations of *folk* as suggesting some archaic, moribund, quaint form of culture. *Folk* has acquired a somewhat pejorative association, especially when contrasted with words such as *urban* and *modern*. *Popular medicine* has been used by some writers, but we do not see this as an improvement on *folk* since some of its connotations, significantly when it is attached to *culture*, do not correctly represent what we are dealing with here. In particular, Jamaica has a very dynamic and aggressive "popular culture". In Jamaica it is necessary to distinguish three modalities of culture, including health and healing practices: the official/modern; the popular; and the traditional/folk. This is best exemplified by music and language. Though the popular culture is derived in large part from the "traditional", "folk" culture and considerably overlaps with it, it is now very distinctive, with its own high profile. Another interesting example is India, which has modern, scientific, Western-derived biomedicine; Ayurvedic medicine, which is also scientific in India but is based on traditional medicine going back to the very formation of Indian society, is documented and codified, and is now officially recognized; and folk medicine, which overlaps with traditional Ayurveda in its use of herbal remedies but relies on the oral tradition for its transmission through the generations and is distinguished by its continued use of magic and supernatural elements in its aetiology and therapy.

The term *ethnomedicine* satisfies the current interest in ethnicity, but, like *ethnomusicology*, it unfortunately suggests a universal ethnic-free norm, which is the Western (European) modality, relegating all other modalities to the status of being specific and ethnic-bound. In this sense, *ethnomedicine* would have been an unhappy choice. In other words, it is useful to bear in mind that all medicines (like all musics, religions and languages) are "ethnic", although we tend to assume that the Western ethnic modality of medicine (based on an ethnic/cultural world view which focuses on the body and rejects spirit and cosmos and, to a lesser extent, mind, in the concept of health and illness) is universal and all other medicines are "ethno". This is not to

deny the outstanding contributions of this Western ethnic modality in all the above areas during the last six hundred years and its inexorable spread across the globe, fuelled by the powerful armies and economies of the West.

Alternative medicine covers a too-wide range of practices, many of which fall outside the interest of this book. We have therefore retained the term *folk medicine*, and we use *folk* in its basic denotative meaning of "popular" (in the strict etymological sense of "belonging to . . . , created by . . . , used by . . . the people") and "traditional", that is, "relying on the oral tradition for its transmission through the generations".

We wish to thank the University of the West Indies, Howard University and several funding agencies for facilitating in several material ways the writing of this book. Research in 1989 was partially sponsored by a National Science Foundation Opportunities for Women's Research Planning Grant (ROW: BNS-8909743) and a Howard University Graduate School of Arts and Science National Institutes of Health Biomedical Research Support Grant (ZS07RR117-16). Research conducted in 1991–92 was made possible in part through the support of the United States Agency for International Development through a Historically Black Colleges and Universities Grant (DAN-5053-G-00-1035-00). The University of the West Indies contributed materially by providing subsidized accommodations and technical and secretarial support. Research that began in 1995 was made possible in part through the support of the United States Agency for International Development Historically Black Colleges and Universities Program (PCE-5053-G-00-5014-00) and two Howard University Faculty Research Program in Social Sciences and Humanities and Education Grants in 1995–96 and 1996–97. The University of the West Indies continued its material, technical and secretarial support during this period.

We must also record our indebtedness to several of our colleagues: the late Dr Jane Philips, who introduced Dr Payne-Jackson to Jamaica and medical anthropology in the 1970s; Dr Norma Nager, who participated in the fieldwork in 1989; Dr Linda Camino, who has been working with us since 1991; Dr Peter Patrick and Dr Monique Wong, who joined us in a later phase of the research project focusing on diabetes; Professor George Sidrak, Ms Erna Brodber, Dr Steve Beckstrom-Sternberg and Dr James Duke, consultants at various stages of the research. We also thank Mrs Florence Pearson, Mrs Sybil "Vera" Leiba and Mr Peter Mathews, who read various sections of the book along the way; Mr Kenneth Rucker for his help with graphics; and Dr Jo-Anne Ferreira, who contributed her consummate skills to the final editing.

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And finally, this work would not have been possible without the goodwill, patience and support of hundreds of Jamaicans – biomedical and folk practitioners, outpatients at clinics and hospitals, citizens whom we approached at random and guest-house staff, who all gave of their precious time and knowledge to help us on our way. We thank you all.

Introduction

This book provides a description and analysis of folk medicine in Jamaica, outlining and analysing all the constituent parts. Each part is the subject of a separate chapter. Other chapters set out the historical, social and cultural context of folk medicine practice, which is essential for an understanding of this practice. The book answers questions about the nature of folk medicine in Jamaica, its historical tributaries and its relationship and interaction with other cultural systems, such as religion and language.

In this introduction we discuss folk medicine within the wider cultural context of Jamaican society and set the theoretical framework. Chapter 1 takes a social historical perspective, examining Jamaican folk medicine in the context of and during slavery and its continued use and development after emancipation. Chapter 2 looks at the historical and contemporary contributions of different ethnic groups to the construction of Jamaican folk medicine. Chapter 3 discusses the role of African and African-Jamaican religions and traditions in the folk health-care practices. Chapter 4 explores the dual systems of causality (folk and biomedical) employed by many Jamaicans. Chapter 5 presents the array of practitioners who serve the Jamaican society

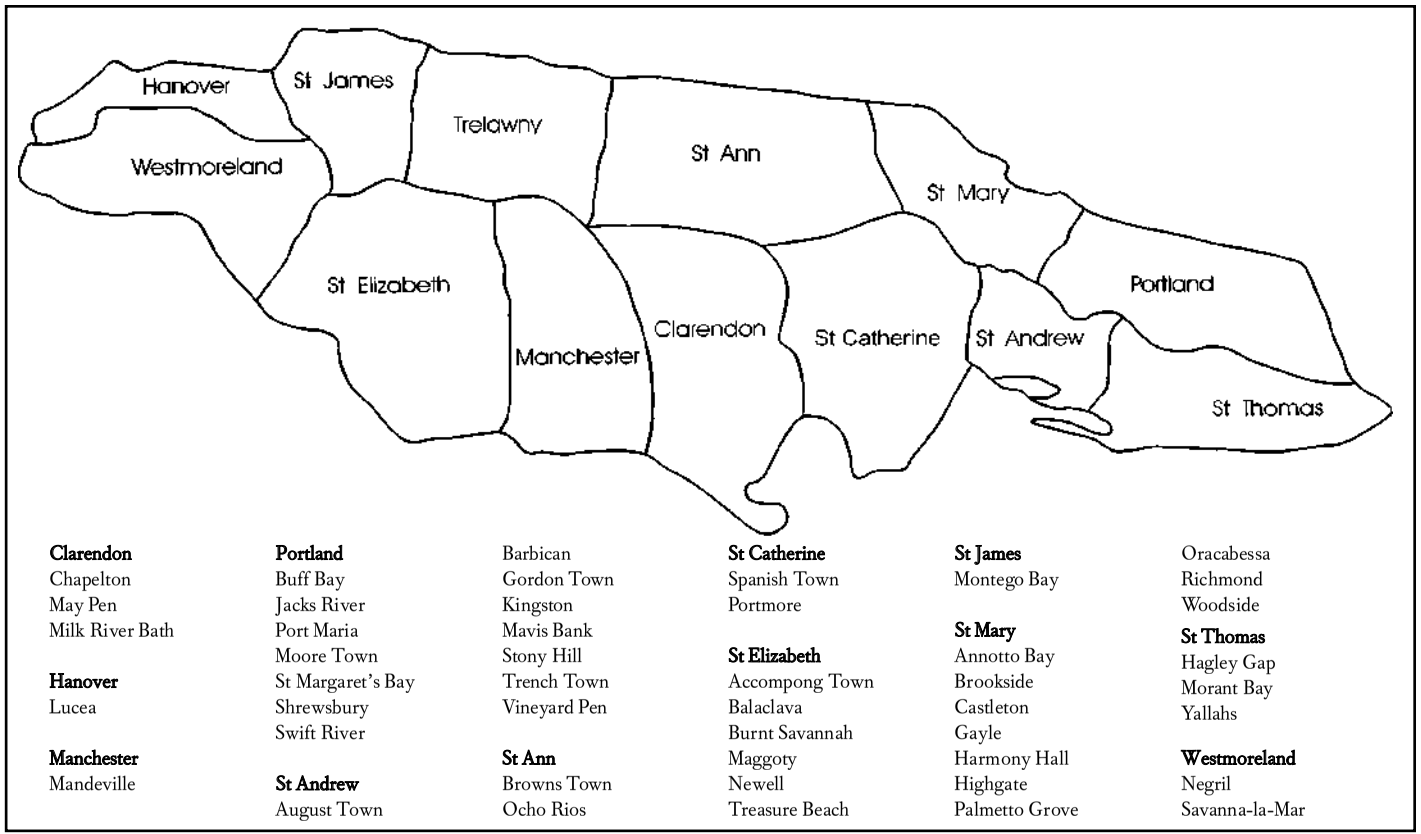

Figure 1.1 Map of research sites in Jamaica

and the relationship between practitioners and perceived aetiology. This chapter takes an ethnographic approach, relying heavily on actual accounts and testimonies provided by the practitioners themselves, their clients and members of their communities. Chapter 6 explores the wide variety of remedies used in the treatment of illnesses. Chapter 7 describes some of the better-known herbs that compose the pharmacopoeia of folk practitioners. The book follows rather faithfully the organization of the research under the headings of aetiology, practitioners, treatments and ethno-botanicals. A glossary of terms not found in English-language dictionaries is included.

Much of the description and analysis is based on fieldwork carried out in forty-six communities, but with a focus on eight selected communities representing a variety of ecological settings: rain forest, dry scrub forest, marsh and swamp, cockpit country, central plains, plantation agriculture, subsistence farming, urbanized rural and low-income city (see figure 1.1).

Sustained data collection in the field began in the summer of 1989 and continued through 1992, and was carried out on a less sustained basis until the summer of 1995, when another intensive field exercise was undertaken with a focus on the ethno-cultural and sociolinguistic dimensions of adult-onset diabetes.

A network sample, a non-probability sampling method, was used to develop networks of contacts through residents in each community and to augment contacts given by the Ministry of Health of Jamaica and by on-site biomedical health-care personnel. In addition to the respondents contacted through the network sample, we conferred with key consultants, identified by members of the community as being particularly knowledgeable in the area of folk medicine.

We conducted in-depth interviews with various types of folk medical and biomedical practitioners at each site. Spiritual mothers, obeah-men and -women, mother healers, balm-yard healers, herbalists, doctors, nurses and health aides were some of the types of practitioners interviewed. Researchers attended several healing services in Revivalist/Pukumina churches. ANTHROPAC, a software package developed by Stephen Borgatti for use in quantitative and qualitative data collection and analysis, was used for part of the data collection during fieldwork. Certain steps were used at each fieldwork site to gather information on the cultural domains of perceived aetiology, healers and treatments. These included "free listing", a procedure used for determining the boundaries of each domain, and "pile sorting", in which the most frequently listed items in the free listing were written on index cards

and the cards numbered on the back. Respondents were asked to sort the cards into piles based on the similarity of the items. The numbers in each pile were then recorded. Comments were elicited from respondents as to the reasons that they had sorted the cards into the various piles.

Medicine generally plays a dominant role in people's lives. All individuals have some "folk beliefs" in the area of health maintenance, illness, causality and treatments – for example, "don't sit in a draft", "don't get your feet wet", "keep your hat on", "feed a cold, starve a fever", "don't walk across a cold floor barefooted". But in "modern" societies, folk beliefs do not, for the most part, interfere in any crucial way with the individual's relationship with biomedical services. In "traditional" societies, however, folk beliefs are very strong and involve a complex system of practices. In Jamaica people in this traditional sector also have a very complex relationship with biomedical services. There is a differential between rural and urban Jamaicans' use of folk medicine. Rural populations, which have less access to biomedicine, still have highly developed folk medical systems. Oneself, one's family and one's neighbours are almost always the first recourse for health care both in rural areas and in poor urban areas populated by relatively recent migrants from the rural sector. In urban communities generally, particularly among socially mobile persons, the degree of reliance on folk medicine is considerably less.

Folk medicine is a cultural domain that has its own internal structure but that is also at the intersection of a number of other cultural domains. The domain of folk medicine provides insight into these other domains while at the same time receiving from them defining elements that help shape its own structure and functioning. This is exemplified in an observation made by Benoist (1993, 29):

> . . . the bedside of an ill person witnesses an extraordinary assembly of characters: there is the doctor and his aides, but also family, distant relatives, friends, and, less conspicuously, other individuals who make their contribution in the form of teas, prayers, exorcisms. On this small stage, a society parades actors who symbolize all its forces, from official representatives of science to the dark echoes of magical traditions, passing through all the different family connections based on affection, self-interest, etc. . . . What goes on around an ill person and his illness speaks more about the realities of a society than any other discourse. . . . Health, like illness, is not a domain reserved to medicine or medicines, but concerns society in its entirety. The most advanced technologies, as well indeed as traditional practices, are not independent of the culture which constructs categories of knowledge and which directs perceptions and expectations, nor independent of the social

> organization which structures the distribution of roles, power and access to resources.

The literature on health care presents arguments for analysing any health-care activity in its socio-cultural context. Foster and Anderson (1978, 139) state that "medical systems cannot be understood solely in terms of themselves; only when they are seen as parts of total cultural patterns can they be fully appreciated."

Kleinman (1980, 25–26) suggests that all health-care activities in any society are interrelated and, therefore, need to be studied

> in a holistic manner as socially organized responses to disease that constitute a special cultural system: the health care system is . . . a system of symbolic meanings anchored in particular arrangements of social institutions and patterns of interactions.
>
> Patients and healers are basic components of such systems, and thus, are embedded in specific configurations of cultural meanings and social relationships. They cannot be understood apart from this context. Illness and healing also are part of the system of health care.

Singer (1977) also observes that the fundamental fact about medicine is that it is social. He describes folk medicine in traditional societies as being more closely integrated with the social institutions and the all-encompassing cosmology of the society than is the case in more differentiated industrial societies.

This is especially important to the understanding of factors that influence the decision-making process that leads to the particular treatment choices made by clients. In a discussion of social roots of health and healing in Africa, Feierman (1985) argues that the relative health and healing systems of any culture must be seen in their social and political context. Healers merely present options of therapy, while those in control choose the therapy to be used. Janzen and Prins (1981) further suggest that an understanding of the history of the fundamental social institutions that control therapeutic choices is essential. An awareness of the interrelations between the institutions, domestic and community, the larger socio-cultural context, and healing systems is necessary for a full understanding of folk medicine (Janzen 1977).

If improved health conditions, the prerequisite for improved quality of life, are to be achieved, it is imperative that health care be understood in the context of its respective cultural and medical systems. The Jamaican folk medical system is a very good example of this. It is a theatre in which the

social and cultural dynamics of Jamaica are played out, both historically, in terms of the evolution of Jamaican culture, and synchronically, in terms of Jamaica's contemporary social organization and dynamics.

Folk medicine is a microcosm through which Jamaican culture can be fruitfully studied. For instance, the accumulation of knowledge in the area of harvesting and preparation of medicinal herbs and biological substances is perhaps the best example of folk science and technology. But these can only be understood in the context of the aetiology and treatment of illness, which in turn are closely linked to religion and world view.

A wide array of illnesses are perceived as having supernatural causes. These illnesses are referred to spiritual practitioners, who provide treatments involving, in whole or in part, religious-based interventions. The practitioners themselves are religious persons who may be acting either alone or with the support of religious institutions or organizations. In the Jamaican culture, religion is a force which permeates the people's daily lives and is called upon to explain events, whether personal, societal or natural.

Folk aetiology exemplifies the concept and role of causality in Jamaicans' general world view. This system of causality is embedded in the structure of the folk language, and nothing better illustrates this than the syntax of the word *sick*. States that are lexicalized by words such as *sick* are not perceived independently of the events that cause them. And both the event and the resultant state are expressed in the same form.

As far as social organization is concerned, there are interesting ways in which social dynamics, including ethnicity, are played out in the area of medical beliefs and practices. The interplay between ethnic continuity and separateness, on the one hand, and the emergence of some integrated "creole" socio-cultural system, on the other hand, are reflected in the existence and practice of a generalized folk medical belief system that combines elements from several historical ethnic sources, predominantly African. This system is adhered to, by and large, by the less privileged social groups. There is, however, some measure of preservation of distinct ethnic modalities.

These structures are to be seen, for example, in the dichotomy between an urban, westernized middle and upper socio-economic class adhering, for the most part, to western biomedicine in belief and practice and a rural – or rural-linked – creole population adhering rather strictly to a mainly African-derived but creolized folk medical system; there also remain rather well-defined ethnic pockets of conservatism (see below). While many of the rural patients overtly utilize the biomedical system to treat their illnesses, they con-

tinue to avail themselves, at times covertly, of the folk system, either concurrently or sequentially. As reported by one respondent and verified by many others, "People will take half a tablet of the doctor medicine until it runs out and then take the bush tea the next month. When they have enough money, they go back to the clinic and get some more doctor medicine."

Within the generalized creole modality, different ethnic groups maintain some characteristics of their original pre-contact systems. There are five major groups in this regard. The Maroons (now distributed in three geographical areas: Accompong in western Jamaica, Scotts Hall in central Jamaica and Moore Town in eastern Jamaica) provide the best surviving examples of what – herbs themselves as well as knowledge – was brought from Africa at the inception of the slave plantation system. The Maroons also have elements of aetiology that distinguish them from the rest of the population, the precise origins of which are difficult to trace. The Kumina worshippers of St Thomas represent the second period of African (Bantu) migration after emancipation, in the second half of the nineteenth century. The third group is the Indians who arrived shortly afterward, who were responsible for the introduction to Jamaica of a number of medicinal plants and trees. Germans were brought in as indentured workers in a campaign to "Europeanize" Jamaica in the post-emancipation period. The final group is the British and their descendants, who, although now constituting the upper classes that participate in the official biomedical system, have preserved elements of their own folk medical beliefs and practices.

Another perspective which shows the way in which folk medicine reflects the wider cultural patterning is that of the cultural continuum. Alleyne (1988, 91) discusses this concept of continuum with regard to religion and language:

> The population has moved in the course of history along the line of the continuum losing forms close to the base culture derived from Africa. An individual is not located at a point but at a zone of greater or lesser range on both the religious and the linguistic continua. In the same way that a speaker can switch between speech levels, so an individual can switch between different modes of religious behaviour.

All Jamaicans have been affected by at least some of these factors (modernizing influences). But they have affected different individuals and groups in different ways and to different degrees, which is why concepts such as "Two Jamaicas" (Curtin 1968), "cultural pluralism" and "urban/rural dichotomy" do not adequately describe the present state of culture in

Jamaica. It is better to talk of a continuum of variation, with the urban, highly Europeanized Jamaican at one pole and the Kumina worshipper at the other.

Many Jamaicans operate in two (idealized) medical systems – biomedicine and folk medicine – but there is no sharp break between them. The interesting interplay between the systems in the beliefs and practices of individuals is a major focus of this book. Individuals differ in the ways in which aetiology, practitioners and treatments correlate; they differ in the range of illnesses attributed to different causes; they differ in the priority given to different practitioners for the treatment of different illnesses.

Communities may also be placed on a continuum in terms of the interplay between the two medical systems. At one end of the continuum, folk healers are the preferred practitioners for the treatment of a wide range of illnesses to which occult and supernatural causes are assigned. Here the terminology of illnesses remains fully folk – "sweet blood" rather than diabetes, "running belly" rather than diarrhoea. Along the continuum, the role of the biomedical practitioner becomes primary for more and more illnesses and the folk practitioners are relegated more and more to a secondary role or to no role at all. Similarly, occult and supernatural causes are assigned to fewer and fewer illnesses. At the "modernizing" end, a few folk herbs may still be used for minor complaints and there may even be some residue of supernatural/occult elements in the aetiology. For example, a middle-class female with tertiary education remarked, in all seriousness, about a blue spot on her arm: "It looks like duppy pinch me."

If the concept of "continuum" may be used to capture the general overall picture, it is still the case that there are communities where the concept does not apply. This may reflect the fact that some rural communities and districts within urban areas are quite homogeneous in social structure. Although we carried out network sampling of the people in such communities who were to be interviewed for the writing of this book, they all could be characterized sociologically as rural, with primary-level education, in typically rural occupations (when employed at all). But, as we said earlier, communities differ in where they fall on the scale of traditional/conservative → modernizing.

Differences between communities are also based on ecological factors. Treasure Beach, a fishing community located on the south coast, an area once called the "bread basket of Jamaica" but which is now arid, shows less reliance than formerly on herbal cures. This correlates with the diminishing vegetation and diminishing availability of therapeutic ethno-botanicals.

The dynamics of the Jamaican social organization are reflected in the (idealized) dual medical systems, which individuals operate in different configurations. These two systems are often organized in terms of overt versus covert, public versus private, superordinate versus subordinate. Although the occult forms part of everybody's aetiology, it remains covert and private. Most individuals will not openly admit, as a first response, that some illnesses have occult causes or that some therapies and practitioners belong to the occult category.

Folk practitioners, including those belonging to the occult category, either suggest or insist that their clients first see an "official" biomedical practitioner before they begin their own therapies. Although the fear of falling afoul of the law is probably an important factor, there is no evidence that it is the only factor or even the predominant one in this particular practice. Folk healers seem to accept the hierarchical structure of the social order, recognizing the primacy of the biomedical system and their own subordinate status in this schema. This recognition is purely social in basis, since, therapeutically speaking, for most illnesses, folk healers do not accept that the official practitioners provide more effective healing. From their own point of view, their relationship with the biomedical system is in no way confrontational or antagonistic. Some folk healers sometimes impishly say that they encourage their clients to go first to the official medical practitioner, knowing full well that these clients will not receive satisfactory healing there and will inevitably return.

Parallels can be observed in other cultural domains. "Code switching" in language takes place between two systems ranked hierarchically in the social order, the one superordinate, the other subordinate; the one European in genetic classification and associated with modernity, the other showing distinct African continuities within the framework of acculturative change and associated with rurality, traditionalism and the folk culture. One belongs to overt domains of social behaviour, the other to private domains. One (the European) has, or is seen as having, considerable social value; the other has considerable affective value which may be revealed only as a second response, after the first response has shown an associative attitude to the European system. Since language mediates the medical system, these dynamics are also played out in the domain of the folk terminology of illnesses and the human anatomy, and in the consultative situation between biomedical practitioner and patient (Payne-Jackson 1999).

Jamaica is of considerable interest as an ecological and cultural setting. It

has been the testing ground for a number of theories in anthropology: pluralism (Smith 1965), different versions of structuralism/functionalism (Smith 1963), creative and adaptive responses to new conditions (Mintz and Price 1992), creolization (Glissant 1981, Nettleford 1972) and variation theory (Patrick 1992). The emergence of the Jamaican social and cultural systems has been the object of a great deal of interest, particularly in Africa's role in setting the character of these systems in terms of objective reality as well as in providing the focus for cultural and ideological movements such as Rastafarianism (Alleyne 1970, 1971, 1980, 1988; Warner-Lewis 1977, 1991; Chevannes 1978, 1995). Successive Jamaican governments have also been experimenting with different political economic models, which have certainly raised the level of public consciousness of political economic issues, but which, some critics claim, have not succeeded in altering the fundamental basis of the political economy, particularly in terms of asymmetrical power relations between groups exhibiting and operating different cultural systems.

Jamaica is emerging as a state with a strong traditional culture feeding an aggressive popular culture. This is taking place within the context of rapid modernization of one sector of the political economy, which provides strong pressures on the population (through mass media, proximity to the United States, emigration and back migration) to undergo cultural adjustment. Economic structural adjustment is being managed and planned. Social and cultural adjustment is being left to happen according to its own dynamics.

All this has an impact on the medical systems, both folk and biomedical. This book takes a holistic approach based on an assumption that many interrelated factors are at work in accounting for folk health culture in its interaction with the cosmopolitan biomedical system. The book is therefore not anchored to a single theory, nor is it primarily concerned with explicating (medical) anthropological theory. A broad, eclectic approach of cultural adaptation has been chosen that includes both socio-cultural and cognitive parameters (socio-economic, political, ethnic, cultural, mentalistic, historical) as it seeks to establish the behavioural and cultural strategies that the people have inherited or created to deal with their health in the context of cultural pluralism and asymmetrical social relations.

The folk medical system, like all other aspects of Jamaican folk culture, is characterized both by continuity and by change. A theory of Jamaican folk medicine, then, must account for both of these features. One might say that structural approaches have dominated in Caribbean anthropology (see Alleyne 1988 for a discussion) and in medical anthropology in particular.

Laguerre (1987, 2) is a good example of the claim that both the existence and the persistence of folk medicine are related to the social and economic position of deprived groups in a society. He stoutly puts the functional case:

> Clusters of folk medical tradition have developed within specific types of ecological niches . . . coastal medicine, rural medicine, valley medicine, maroon medicine and urban medicine. . . . In the coastal communities, there has emerged a category of folk medical practices that are reflective of the people's proximity to the sea . . . Rural medicine can be seen as an adaptive response to the prevalent disease patterns in non-urban areas . . . Here [in the highlands], the disease experiences of the people serve as a major factor in shaping their folk medical practices.

Laguerre's inclusion of the Maroon factor, however, points to his acceptance of ethnic historical, and therefore cognitive, factors in accounting for folk medical practices. He also admits (p. 2) that "Afro-Caribbeans [*sic*] continue to employ a vast body of folk medical knowledge, some of which was inherited from prior generations".

Implicit in the functional approach is the prediction that the practice of folk medicine will continue to decline in proportion to the improvement in the socio-economic status of the people involved. It is interesting to note that the same kinds of analysis and prediction have been made in relation to folk language (generally called *patois* or *creole*, or, increasingly, *Jamaican*) and folk religion (Revivalism). Whereas it is debatable whether there has been any effective socio-economic improvement in Jamaica, nevertheless the domains of usage of Jamaican have expanded and the number of adherents to Revivalism has increased. These cultural domains are, of course, not independent one of the other; rather they are part of an integrated whole and show parallel developments through time and parallel dynamics at the present time (cf. Alleyne 1988). The claim of this book is that, at the present time, economic conditions require some people, regardless of their cultural and cognitive dispositions or value systems, to maintain a health-care regimen that is based historically on traditional forms of medicine. Many citizens integrate this traditional system and the official biomedical system into a total complex "system".

It is difficult to determine the extent to which the practice of, and reliance on, folk medicine may be diminishing or expanding. It is certainly still very vibrant even in urban centres, including the capital, where our research has revealed a variety of folk practitioners as well as thriving drugstores carrying products belonging chiefly but not only to the occult category of folk

medicine. What complicates the possibility of assessing the impact of socio-economic conditions on the existence and persistence of folk medicine in Jamaica is the fact that Jamaica was on a path of socio-economic growth (and development?) up to the end of the 1960s, but has not sustained it. There has been a decline in social infrastructure, particularly in government health services, which are also now subject to partial cost-recovery charges to the public.

Changing ecological settings do seem to have some effect on the nature and prevalence of folk medical practices, but this is not very significant. Four such factors merit some attention: climatic conditions, coastal location, distance from official health services, and new Jamaican plants. For example, as mentioned above, the reduced dependence of residents of Treasure Beach on herbal therapy is apparently related to the disappearance of many of the plant species because of persistent drought. In contrast, the sea, in spite of its proximity, does not play any special role in folk medicine there, at least not any more special than in non-coastal communities where the belief in the therapeutic value of Irish moss, fish tea and sea baths is just as strong as in Treasure Beach. Proximity to official biomedical health services may also have some effect. Communities at some distance from these services may be forced into greater reliance on folk medicine for some types of illnesses, especially those that are not life-threatening.

It is not known and cannot now be easily ascertained exactly how knowledge of medicinal plants was created in the Jamaican environment. It is evident that a number of herbs used medicinally in Jamaica are indigenous to the island and were not known to Africans and Europeans before their arrival here. Some of these probably had already been used by the Tainos, who would have passed on their knowledge as they passed on other knowledge of edible plants and their preparation as food (for instance, cassava and its preparation as bammy). It is reasonable to assume, given the large number of medicinal and poisonous plants, barks and roots used in the post-Columbian period in Jamaica, that many plants must have been "discovered" in Jamaica and their therapeutic value determined, generally accepted by the communities and transmitted from generation to generation.

Support for a functionalist theory would be provided if it could be shown to be the case that the folk pharmacopoeia of Jamaica was established on the basis of experimentation, trial and error, and correction of errors on Jamaican soil. Laguerre (1987, 27–28) asserts that plantation slave medicine indeed developed through a process of trial and error:

> There were trials with new plants as the practitioner learned the properties of new diseases and the interpretation of new symptoms. But errors were also sometimes made through the selection of poisonous plants for medical purposes. Over the years, the poisonous plants were recognized and discarded, and previous errors were corrected.

This may have been the case for some plants. But it is evident that a major source for the acquisition of herbal knowledge is dreams and visions. As will be shown later, dreams and visions are part of the "apprenticeship" of healers and are, for the most part, religious experiences, as spirits visit the healers. It is, therefore, a total belief system that accounts for the acquisition of such knowledge. And this is a continuing phenomenon. In April 1994 we were asked to check the active ingredients of four herbs on behalf of someone who had had a vision that these four boiled together would provide a cure for asthma.

This already suggests that structuralist/functionalist interpretations are not in themselves adequate to account for the existence and persistence of folk medicine – nor, of course, for the *nature* of Jamaican folk medicine, which, while having universal elements and ecologically determined elements, is closely linked to belief and cognitive systems and to religious belief systems in particular. These belief and cognitive systems have largely been transmitted from the past in complex processes involving a main current (from Africa) with a number of tributaries, and these will be dealt with below.

It is equally clear that functional explanations are relevant, not so much for the existence of folk medicine and for its particular characteristics, but for its strength and tenacity. For example, yaws was a disease transferred from Africa to Jamaica in the earliest days of slavery. Jamaica's ecological conditions led to yaws becoming devastatingly endemic in the eighteenth and nineteenth centuries. The lack of shoes, inadequate clothing, crowded housing and general unsanitary conditions with which slaves had to live contributed to the heightened disease environment. It is also obvious that certain aspects of Jamaican folk medicine are not Africa-specific but belong generally to pre-industrialized societies and may be considered universals of human societal organization.

I

The Social Historical Context

Slavery and Its Aftermath

Folk Medicine in Afro-American Culture Theory

The impact of slavery on Jamaican folk medicine should be examined first of all in the context of slavery's role in the formulation of theories of Afro-American (or African diasporic) culture. All studies of Afro-American history and culture – religion, music, language, kinship – inevitably have to deal with slavery. It is generally accepted that slavery, especially plantation slavery, had a considerable impact, although to different degrees for different aspects of culture. The main issues concern the way in which slavery may have affected not only the possibilities of African cultural continuities, but also the very form of the culture which evolved.

The mainstream of Jamaican contemporary folk medicine is, for the most part, an unbroken continuity from Africa through plantation slavery. Of course, a number of historical tributaries have been provided by the different minority ethnic groups (British, Indian, Chinese). And there have been changes, including new elements brought about by the new environment and ecology in which this medicine had to be practised.

Folk medical knowledge was part of the total cultural package of interacting elements brought by slaves from Africa. Indeed, this was the kind of cultural item that, existing as it was in the minds of Africans, was less likely to be lost in the Middle Passage. Even if one opposes the Africanist hypothesis of Jamaican and Afro-American culture, and even if one subscribes to the cultural deprivation hypothesis (that is, that Africans were "stripped" of their culture or were unable to practise it because of their ethnic diversity and the unfavourable conditions of slavery), it should not be difficult to accept that concepts of aetiology, and therapeutic alternatives (prayers, botanicals and so on), were part of the knowledge brought and retained by Africans and transmitted to successive generations. It is important, therefore, that we consider the "cultural baggage" brought by slaves from Africa, which is indispensable in accounting for the character and persistence of folk medicine in contemporary Jamaica.

Well-known problems will require here only a brief summary. Very generally speaking, these problems involve competing theories of Afro-American diasporic culture. The role of the cultural baggage brought by Africans to the New World has been a major source of controversy, which centres around unresolved issues such as the micro-ethnic provenance of Africans coming to the New World and the effect of African ethnic diversity on the transmission and continuity of African culture.

In the area of folk medicine, these issues are relevant, although they have not been discussed in the literature in the same way that they abound in the literature on Afro-American language, religion, art and social organization. The assumption that Jamaican folk medicine is based historically on African folk medical practices may be valid in a general way, but it leaves unresolved questions, such as the precise African ethnic modality or modalities on which it is based and the extent to which the conditions of slavery may have eliminated the possibility of African continuities.

If the conditions of slavery inhibited or prevented the practice of certain aspects of African culture, it could be argued that in the case of medical practices they encouraged, required and allowed slaves to rely on their own devices to heal themselves. We shall see later that plantation owners did not make adequate provisions for the medical care of slaves, who therefore had to fend for themselves to maintain or restore health. There is also evidence that even when some medical facilities were provided, slaves had more confidence in their own therapeutic devices, and that, in some cases, members of the free community shared this confidence and consulted slave practitioners.

It is reasonable to assume that slaves relied on tested and proven practices that they had known in Africa. For example, some flora and fauna were common to both Africa and Jamaica and would have been recognized and used in well-established ways by slaves in Jamaica. Sheridan (1985, 95) reports that "modern studies of medicinal plants common to Africa and the West Indies [show that] about 60 out of 160 specimens of medicinal plants in Jamaica are known to have been or continue to be used in Africa." Indeed, some species were brought from Africa to Jamaica – for example, ackee (*Blighidia sapida*) and bisi (*Cola acuminata*) (Berlin 1980). Conversely, many herbs that were indigenous and specific to Jamaica were new to the Africans brought to Jamaica, who either had to learn their applications from the diminishing number of Tainos or themselves develop the knowledge of their therapeutic and nutritional properties. It is evident that health and healing practices had to be modified to meet the exigencies of life in the New World.

It is interesting, therefore, to consider whether medical practices were less vulnerable than other African cultural practices to the ravaging conditions of slavery and the slave trade. Indeed, medical practices may be one of those rare areas of African culture whose survival and continuity in the New World were enhanced by the condition of slavery. In the area of social organization, for instance, it is obvious that members of African oligarchies and royalty would not have been brought in large numbers to the New World, and, even if they did come, they were unable to recreate and re-establish their roles and functions in the context of slavery, nor could other slaves assume these roles and functions. In contrast, important practitioners in the African medical system, such as medicine men and diviners, *were* brought over in the trade and *were* able to recreate and re-establish their roles and functions in the New World. One route to the acquisition of these roles and functions was the hereditary one, both in Africa and, to some extent, in Jamaica: mothers passed on knowledge of childbirth to their daughters, and fathers passed on the ability and practice of occult healing to sons. In Africa and Jamaica medicine men and other practitioners also received their calling in dreams, visions and visitations from the spirits. In essence, any person could become a practitioner, and there was nothing much that the plantation owner could do to prevent that.

The greatest constraint that slavery placed on the continuity of African medicine in Jamaica was its relegation from tribal or national status to folk status associated with an underclass. The same process, of course, affected all aspects of African-based culture in the New World. In specific terms, slavery

attempted to destroy certain aspects of African religion and caused the modification of other aspects (Agorsah 1994).

According to Rattray (1916), among the Ashanti the training for priesthood – for doctorship – was an arduous process that required the trainee to observe full celibacy and other prohibitions for three years. This training had much to do with the observance of ritual. And Davidson (1969, 155) states that "the doctor could not be just anyone . . . he had to be someone duly invested with appropriate authority". This kind of official formal training was obviously impossible during slavery. To the extent that folk medicine in the post-emancipation period remained "folk" – that is, unofficial, belonging to an underclass – the training of folk medical practitioners never became official and formal and has remained individual and private. Interestingly, however, another comment by Davidson (p. 153) indicates that changes took place in Africa similar to those in the New World:

> The training of doctors was a serious affair. In the past this craft seems often to have been divided into two chief sections, respectively practicing in herbal cures and in divination or other forms of religious treatment. Today, there is a good deal of blurring of the lines of division, at least in the towns where mere superstition . . . tends to flourish amid the survival of cultures now much adulterated or undermined by contact with the modern world.

To the extent, therefore, that African medicine was intricately and organically linked to African religion, it came under some of the restrictions and prohibitions imposed by the establishment on certain religion-linked activities (drumming, obeah). Although slavery was unable to modify the essential belief system of African religion and world view and, therefore, did not substantially change the basic African aetiology which attributed illness ultimately to supernatural causes (see chapter 4), it did destroy the organizational and ritualistic aspects of slaves' religious and medical practices and robbed the practice of African medicine of its official support. This, as we shall see, forced religious and folk medical practitioners to operate individually with small groups of followers and drove some of them underground, blurring the distinction between good and evil medicine.

Conditions of Slavery

Slavery presented a number of conditions that had significant impacts on the health of slaves and their therapeutic practices. An essential part of the

survival instinct is the inclination not so much to avoid illness as to secure food and heal ourselves when we are threatened with death or suffering from its harbingers. The harsh conditions of slavery obliged slaves to develop and refine various survival strategies, which have served their descendants up to today. Chief among these were the development of subsistence farming to provide necessary sustenance and the development of a wide range of therapies, ranging from religion-based to herbal.

Many factors led most slaves to rely almost completely on their own measures to take care of their medical needs. Genovese (1976, 226–27) documents this reliance for the antebellum southern United States. First of all, there was the slaves' mistrust of white doctors: "Their hostility toward white physicians had roots not only in an awareness of widespread ignorance and incompetence in the medical profession, but in their awareness that too many physicians used slaves as guinea pigs for their pet theories and remedies."

Sheridan (1985, 73, 89) reports that the same mistrust existed on Caribbean plantations. Slave hospitals were established on some plantations, and black and coloured doctors (both male and female), nurses, midwives and nursery attendants administered the white doctor's orders and prescriptions to patients. "These assistants and attendants maintained close ties with patients and their families, which contrasted with the widespread fear and distrust of white doctors and their medicines by slaves." And elsewhere, Sheridan talks of the "difficult relationship between white doctors and black patients".

In any case, European doctors and barber-surgeons were in short supply, and the licensed ones were very expensive. Sheridan (1985, 46) estimates that in the British West Indian colonies, the ratio of doctors to slaves was 1:1,600. Both the licensed doctors and the quacks were illequipped to deal with the unfamiliar diseases that confronted them in the tropical environment. The state of European medicine at the time, which relied on blood-letting, purging, sweating and the use of mercury, opium and antimony, was often not merely ineffectual but also downright harmful (Sheridan 1985, 70). These doctors also generally avoided treating diseases like yaws for fear of being infected. Many plantation owners, therefore, left the treatment of yaws to slave nurses.

Moreover, as we shall see later, the proposed cures by white doctors neglected one very important aspect of African illness: they did not recognize the supernatural ("personalistic") causes that were considered by Africans to underlie their illnesses. They therefore could not prescribe the kind of therapy – social and spiritual – that Africans believed to be effectual (see chapter

4). As we saw above, the close ties that black hospital attendants and assistants maintained with patients and their families enhanced their power, influence and effectiveness.

Another important factor influencing the health of slaves was nutrition. According to Pares (1960, 39),

> many colonies made no laws at all about the feeding of slaves before the humanitarians forced them into it at the end of the 18th century. . . . Some planters gave their slaves no food at all, but fobbed them off with payments of rum wherewith to buy food, or with Saturdays and Sundays to till their own provision grounds and feed themselves.

On Jamaica's plantations slaves were allotted pieces of land, often located at some distance from where they lived, so they could cultivate and produce their own food. By contrast, in Barbados (perhaps because the intensive sugar-cane cultivation used up most of the land) the owners gave slaves weekly rations of food. Jamaican slaves were not always able to carry out efficient cultivation. They often had to walk miles to reach their plots; the land reserved for them was not the most fertile; they were in effect restricted to Saturdays and Sundays to attend to their crops; and when hurricanes, flooding or drought hit their cultivations, they were left without adequate sustenance.

It is therefore not the case, as one might have thought, that the opportunity to produce their own food resulted in reasonable levels of nutrition for Jamaican slaves, and that Barbadian slaves were left undernourished by the meagre rations supplied by owners. In fact, the picture is the opposite. The child mortality and birth rates and the general mortality rates for the slave population of Jamaica were high in comparison with those of Barbados. By 1750 the creole slave population of Barbados had risen considerably through natural reproduction. It was not until emancipation that this happened in Jamaica. Before emancipation Jamaican plantation owners replenished their slave population by new purchases more than by encouraging or facilitating the birth of creole slaves (Olwig 1994).

The policy of requiring Jamaican slaves to supplement their diet through farming had the perhaps paradoxical effect of low levels of nutrition, which in turn led to higher adult and infant mortality, lower birth rates and greater susceptibility to disease. As a result, new slaves had to be imported to replenish the manpower. According to Sheridan (1985, 115), this compounded the disease problem, since

> slave ships became breeding grounds for diseases that originated in Africa, Europe, and the Americas. Included among the long list of diseases and ailments suffered on the Middle Passage were dysentery, diarrhoea, opthalmia, malaria, small pox, yellow fever, scurvy, measles, typhoid fever, hookworm, tapeworm, sleeping sickness, trypanosomiasis, yaws, syphilis, leprosy, and elephantiasis. Slaves also suffered from friction sores, ulcers, and injuries and wounds resulting from accidents, fights, and whippings.

The constant resupply of slaves from Africa, however, not only reinforced the medical lore brought from Africa but also brought new practitioners.

In general, where slaves engaged in subsistence farming, their provision grounds became a significant element in their material lives. According to some scholars, such as Henke (1994, 4), the provision grounds were also "spaces of great immaterial existential importance" having a "special ontological and epistemological relevance to the scientific analysis of Caribbean societies and for the genesis of their social and cultural life and institutions". Mintz (1993, 263) adds that

> the bulk of the food [produced by slaves] was grown at some distance on poor hilly land not used for plantation crops. The distinction between "yard" and "polink" has persisted up to the present . . . the plots, and then the markets, were to become training grounds for freedom, a basis for the eventual rise of a free peasantry.

He concludes that "slaves were poorly provided, often half-starved . . . [they] commonly died of hunger, and a prime reason for marronage was hunger . . . malnutrition was common, and diet was bad" (p. 266).

As far as folk medicine is concerned, the main significance of these provision grounds, apart from their general impact on nutritional levels among slaves, was the opportunity they gave slaves to become familiar with the extraordinarily diverse flora and fauna of Jamaica. The grounds were usually located in mountainous regions unsuited for sugar-cane cultivation and could be as far as ten miles from the nearest plantation (Marshall 1990, 205). The persistence of folk medicine in Jamaica, particularly the herbal therapy dimension, can still be partially explained by the existence of subsistence farming communities in the remote mountainous regions (compared with other Caribbean territories like Barbados, where small subsistence farms were and are less common).

This, then, is the context in which slaves preserved and reinforced their traditions of African medicine and developed knowledge of local (Jamaican)

medicinal herbs, roots and barks. Planters, too, appreciated this knowledge, since they were unable or unwilling to take care of the health needs of slaves; they also recognized that the therapies practised by slaves often succeeded where Western medicine failed – for example, in the case of yaws (Sheridan 1985, 73).

Sheridan (1985, 81–82) also describes many instances of European doctors and scientists expressing favourable opinions on slave medical knowledge and acknowledging their indebtedness to it. Needless to say, there were also detractors and critics, among them Sir Hans Sloane (1725), the doctor-botanist who made one of the earliest studies of Taino and African herbal medicine. Genovese (1976, 224–25) reports similar appreciation of slave medicine in the southern United States: "Black doctors treated Whites as well as Blacks in 18th century Virginia. . . . During the 19th century, Whites went to Black herb doctors either when White doctors failed them or by preference."

Because of the unavailability of sufficient European doctors and the high cost of engaging them, the recognition that European medicine of the time was inappropriate and ineffective in Jamaica, and the undeniable effectiveness of African slave medicine, the planters seem to have become increasingly reliant on slave practitioners and their therapies (at least their herbal remedies). According to Sheridan (1985, 91), however, the slaves who were so employed were largely disabled persons, unfit for other occupations. Madden (1835, 117) noted that

> The hot-house doctor is generally a negro disqualified by age or infirmity for labour in the field. He has charge of the medicines, – the care of compounding them; . . . The medical attendant is paid a dollar a-head for visiting the property once a week; . . . He must trust a great deal to the hot-house doctor.

Healing Practices during Slavery

Health conditions and the health-care delivery system throughout the period of slavery were abysmal. Early works on health care in Jamaica identify yellow fever, smallpox, tuberculosis, venereal diseases, remittent fever, gout, yaws, rheumatism, typhoid, dropsy, dirt-eating, and worms, among others, as major illnesses that plagued the island inhabitants (Dancer 1801; Thomson 1820; Chisholm 1822).

Slaves used their own medicine as a mainstay of their health care, both physical and mental. Treatments for illness came primarily in the form of

self-medication, medication from family or friends, and medication from their own medical practitioners who included midwives, herbalists and obeah-women and -men (Laguerre 1987). Cult leaders – obeah-men and -women, and myal-men – were spiritual healers who used rituals within the context of traditional religious beliefs and concepts to help the physically as well as the mentally ill to regain their health (Raboteau 1978, 1986; Laguerre 1987; Hausman 1994).

Knowledge of African medical treatments and rituals was brought from Africa by some of the healers who were already professional practitioners in their own villages. As noted above, the most powerful obeah-men, particularly in early years, were described as "African". Other practitioners learned through apprenticeship to the older healers or from family members who were practitioners in the community as well as the plantation hospitals and were often highly respected by both blacks and whites. Sheridan (1985, 90) records a description by Lewis (1845, 142) of one such slave housekeeper: "[She] is perpetually in the hospital, nurses the children, can bleed, and mix up medicines, and (as I am assured) she is of more service to the sick than all the doctors."

The case of Bessie, reported by Lewis (1845, 123–24) and then by Sheridan (1985, 82), is not without its examples today, as well. Sheridan recounted the story of

> a poor creature named Bessie who was afflicted with coco bays, a disease akin to leprosy. When she appealed to him [Lewis] for medicine, he asked, "Has not the doctor seen you?" "Oh, yes! Dr. Goodwin [saw me]". But the white doctor could do her no good. She wanted to go to a black doctor, named Osmond, who belonged to a neighbouring gentleman. . . . Lewis learned that "Bessie's black doctor is nothing more than a professor of medicine as to this particular disease; and I have ordered her to be sent to him in the mountains immediately."

As noted, some medical doctors acknowledged the efficacy of slave medicines. For example, Thomson (1820) wrote:

> I must candidly acknowledge that the effects of my most laboured prescriptions have not unfrequently been superseded by the persevering administration of their [slaves'] most simple remedies.
>
> . . . This remedy [Adrue] was, soon after my arrival, pointed out to me by a sensible negro, who had the charge of the hospital on a large estate. I was called to see a white patient who had been well evacuated, but was seized with that dreadfully obstinate vomiting, which proves so distressing in the fevers of all warm

> climates. I tried elixir of vitriol, effervescing draughts, and other remedies, reckoned useful in such cases, but with little or no effect . . . I did not know what to do, when this negro recommended me to try a strong decoction of this root as a last recourse; . . . he [the patient] took a wine-glassful every half hour with some camphorated julep; the vomiting ceased in an hour's time, and never returned. Since that time I have made very frequent use of it, and never without the greatest benefit. (pp. 10, 147)

Even at the turn of the twentieth century the role and knowledge of obeah practitioners were recognized. Emerick (1916, 325–26) remarked,

> The Obeah man, it must be very carefully remembered, is not only a priest, but also a doctor; they go hand in hand. . . . The Obi man is also known as the "bush-doctor." He is most skilful [*sic*] in the use of the properties of the Jamaica tropical herbs, more so, I think from my observations, than the average professional doctor. It is common for the "bush-doctor" to succeed where the professional doctor has failed. The herb doctor as he is sometimes called is obliged to ply his trade in secret. This knowledge of the medicinal properties of herbs, roots, leaves, barks and things generally, even among the common people, is simply extraordinary.

Once restrictions were placed on the slave trade, plantation masters took steps to ensure the health of their slaves (Eisner 1961). A description by Gardner (1873, 180) suggests how things were set up and clearly indicates that the services were inferior: "Each estate was provided with a hospital, or as it was more generally termed, hothouse. Medical men were paid so much a head for attending these places. The remuneration ought to have secured a better class of men than were usually found out of the large town."

The Post-Emancipation Period

The same question arises for Jamaica following emancipation in the nineteenth century: was adherence to folk medical and health practices by the mass of the population accounted for by the absence, unavailability or relative inaccessibility of biomedical services, or did freed slaves simply continue to rely on ethnic cultural tradition and choices?

Indeed, there is an interesting and complex interplay between these two factors, which will be discussed further in chapter 4 (Aetiology) and chapter 5 (Practitioners). We shall see that where biomedicine is available and enters

into individuals' belief systems, it interacts in interesting and complex ways with traditional beliefs. A corresponding interplay is also found in practice – for example, in the choice of therapy and of practitioners.

In the case of diabetes, for example, the twentieth century has brought some considerable access to biomedical treatments, but folk beliefs and practices have not been discarded; rather, the two approaches are integrated into complex syncretic systems. In the nineteenth century, as in the previous century, the example would have been the way in which the Hippocratic humoral (hot/cold) theory of medicine, which dominated official medical theory of the time and to which the Jamaican population was exposed, interacted with folk medicine (see also chapter 2).

Bryan 1991 is one work that tries to come to grips with that analytic issue. He first postulates the absence of political will on the part of the colonial administration to provide adequate medical services. This, he claims, was aggravated by the economic crisis: "The ability of the colonial Government, which was, to be fair to them, committed to a health policy, to institute widespread policies for the improvement of health facilities was hampered by economic crisis" (p. 167). He goes on to emphasize the socio-economic and ecological factors: "Transportation, distance and the shortage of medical personnel combined with expense to keep medical facilities out of the reach of the labouring classes". He also suggests that these conditions were causal factors in the preservation of folk medical practices: "The departure of doctors after Emancipation must have served to increase the dependence [of the ex-slaves] on myal-men" (p. 169).

Bryan recognizes the cultural factor, however, without explicitly contrasting it with the socio-economic factor and without trying to evaluate the relative significance of each. According to Bryan,

> It is in the context of the actual availability of medical attention that we need to examine the widely and uncritically made observation that "the humbler classes" were reluctant to seek medical attention before illness became terminal; that they preferred their inferior, if not dangerous, home remedies, and that they demonstrated their "uncivilised" (African) ways by resorting to magic, superstition, myalism and obeah. (p. 170)

To demonstrate the tenacity of the African tradition and the ethnic consciousness of the ex-slaves, Bryan cites an anecdote related by Emerick (1915, 326) concerning a folk healer, Granny, who cured a doctor's son of dysentery. When the doctor made inquiries about Granny's cures, her answer was,

"Docta! You medicine fe you, me medicine fe me" (in other words, "You have your medicine, I have mine").

Bryan then juxtaposes a series of possible causal factors for the preservation of folk medicine: "the labouring classes may have opted for their own medicine not because of 'native superstition', but because they believed in the efficacy of these medicines or because official relief agencies were not always readily available" (p. 185). Thus, he contrasts one cultural factor ("superstition") with a combination of a cultural factor ("belief") and a socio-economic/practical one ("non-availability of relief agencies").

But Bryan seems finally to come down on the side of ethnic, cultural factors:

> Traditions, like addictions and habits, are difficult to break, and the tradition of African folk medicine had become ingrained in a society where for centuries oligarchs had themselves encouraged cultural lines of division between themselves and their slaves by refusing to offer to the latter European education or religious or other training. Furthermore, black medics were able to communicate with their patients in their native tongue, to make them feel better and thus speed recovery by caring for the whole patient. (p. 186)

Folk Medicine in the Context of Ideological, Developmental Models

The nineteenth century was a crucial period in setting the pattern of the future social, economic, political and cultural development of Jamaica. First, there was the emancipation of slaves, which presented a set of new opportunities and options for the course of development of the Jamaican society. Needless to say, these opportunities and options were constrained by the objective conditions, partly an inheritance from the period of slavery. For example, the socio-economic evolution of Jamaica in the post-emancipation period perpetuated and even increased the distance between the freed slaves and the white and brown classes. This distance was both cultural/ideological and geographical. Freed slaves left the plantations and set up villages in remote areas. Virtually the only significant contact with the ruling classes was through missionary activity. But, as we shall see in chapter 3, the result of this activity was the continuation and deepening of Afro-Jamaican religions. According to Curtin (1968, 158), "these religions flourished against the background of the failure of the ruling class, Government and missionaries

to orient the whole of Jamaica toward Europe". Self-reliance was necessary not only in the area of religion but also in economics and medicine.

The principal options that were available to Jamaica can be expressed in terms of modernization/Americanization/Europeanization, on the one hand, and preservation of and reliance on traditional resources, on the other. In a sense, these options are still being debated in Jamaica and the Caribbean, without the presence of any clear harmonization of official policy, ideological currents among the people, and the objective local conditions as well as world conditions (globalization).

These options are often expressed in terms of ideological positions or models of development: conservative versus radical, capitalist/free market versus socialism/nationalism. In fact, they may not really be options that are equally available. Some form or degree of modernization/Americanization/Europeanization may be ineluctable. Failure to provide basic essential services (education, for example) may lead to the preservation and strengthening of traditional resources. We have seen that this may also be true of health and medical services. In times of crisis (wars, hurricanes), the decline of imports may lead to reliance on traditional products.

These options, as we have suggested, have an "identity" component. The conservative, capitalist, modernization option looks towards Europe and North America as a cultural model for Jamaica in terms of world view, religion and consumer taste. It also emphasizes racial mixing, hybridization or "racial harmony" (cf. the national motto: "Out of Many, One People"). The radical socialist ideology sees Jamaica as a black country that needs to assert a "black" identity, separate from, and often in conflict with, "white" European/North American identity. Africa, rather than England, is seen as the Mother Country.

Within this black ideology and identity, traditional culture plays a crucial role, although there is often uncertainty about its place in an inevitably modernizing Jamaica. This applies to traditional forms of language and social customs. Language in particular continues to be hotly debated, as Jamaicans line up either for or against the popular vernacular variously called *patois*, *dialect*, *creole* and, most recently, *Jamaican*. Religion is also an area of ideological contestation – as are traditional healing practices, which, as we shall see, have a strong religious component. The laws enacted during slavery to proscribe the practice of obeah continued in force in the post-emancipation period and remain so up to today. From time to time there have been suggestions and even pleas for the removal of the legal restrictions. Kumina, a reli-

gion developed in Jamaica in the nineteenth century out of African (mostly Congolese) forms, is accepted and admired when represented in theatrical dance performances but its actual real-life practice is looked upon somewhat askance.

An attempt was made to Europeanize Jamaica in the nineteenth century. Rather than establishing widespread, effective and accessible educational institutions or closing the interaction gap between the emancipated blacks and the white (and increasingly brown) ruling classes, official policy was to attract white immigrants from the United Kingdom and other parts of Europe, particularly Germany, to settle in Jamaica. When white immigration failed and when there was no success in luring emancipated slaves back to the plantations, India and China became the sources of the labour needed to revive production on the plantations.

Failure of Socio-economic Development

Jamaica's socio-economic situation continued to decline in the nineteenth century. Between 1850 and 1865 "the island was beset with cholera, small pox, drought and floods" (Curtin 1968, 161). There were bankruptcies in the sugar industry, and the American Civil War had virtually curtailed the potentially lucrative trade between Jamaica and North America. During all this, the government failed to maintain even the meagre social services that had been available to the slaves. When the slaves were freed, the planters and the government also felt themselves freed from the responsibility of making medical and other social services available to the former slaves. According to Curtin (p. 159), "several Jamaicans, as well as visitors, pointed out the false economy of importing coolies while the creole Jamaicans died from lack of sanitation and medical care".

An interesting development took place that had an important impact on the path that health care would take, whether because of "push" factors or of "pull" factors. Freed slaves left the plantations in large numbers and established themselves in remote hillside areas where land was available. This movement was aided by Protestant churches that helped to found free villages populated by the freed people. This movement removed these Jamaicans even further from the official medical services. The pattern has continued until today when, even with the best of intentions on the part of a responsive government to provide services (water, roads, health, education) to all Jamaicans, the physical remoteness of a substantial part of the popula-

tion increases the cost of delivery and reduces the effectiveness of the services. It should be noted here that, in the post–World War II period, a movement in reverse has been taking place: young people have moved from these remote communities into urban areas or to squatter areas on the urban periphery, where again the government claims that it is difficult to provide essential social services such as housing, water, roads, education, sanitation and health.

As we said above, another aspect of the post-emancipation movement is that it was greatly assisted by Protestant missionaries. They followed the freed slaves into the hills and helped to establish religious and educational services. Thus the job of acculturating – that is, Europeanizing – Jamaicans fell to the missionaries. For reasons that are not at all clear, this effort was a dismal failure, either because it had no support from other social engineering agencies or because of the strength of the African tradition. Jamaica retained this tradition in the related areas of religion and medical treatment. Both areas followed the parallel paths of African retentions in a syncretic process (see chapter 3 for an account of this process in the area of religion).

Conditions in post-emancipation Jamaica therefore favoured the continuance of folk medicine. According to Wilkins (1987), many European doctors left Jamaica in the late 1830s, at the end of their contracts, which were terminated as a result of emancipation or because they no longer received fixed payments to care for slaves. Most plantations, to cut costs, reduced the already meagre medical services to freed slaves. Callahan (1995, 12) estimates that

> In 1843 there were at least 241 practicing physicians in Jamaica; by 1850 that number had shrunk to 90. White doctors were not eager to follow the inland exodus of Afro-Jamaicans in the aftermath of emancipation, and many Afro-Jamaicans were understandably wary of patronising physicians whose primary purpose before emancipation had been to certify their fitness for labour . . .This relative absence of European medicine . . . continued until the late 1860s.

Several studies show how efforts to make medical services accessible to rural people did not have much success (for example, Golding 1994). Most of the doctors who remained in Jamaica after emancipation stayed in Kingston, leaving many parishes without any physicians at all. Epidemics such as cholera ran unchecked due to poor sanitary conditions and lack of legislation to regulate the management of health problems (Eisner 1961). Balm-yards became the only health-care resource/recourse for most of the freed slaves.

After the Morant Bay Rebellion in 1865, the British government installed a new constitution and established a public medical service, which was designed to attract physicians and improve the distribution of health care. In 1867 a Public Health Law was enacted, along with several other public health acts, all of which were designed to deal with quarantines, vaccinations and sanitation problems. In 1868 a special effort was made to recruit doctors and to establish public hospitals (Leavitt 1992; Eisner 1961).

The period after World War I through World War II saw significant progress in the official health situation in Jamaica. The Rockefeller Foundation provided assistance to the country, which resulted in improved health care for hookworm, malaria, tuberculosis and yaws, and in the expansion of school hygiene, dental care and health-education programmes, with a special focus on sanitation and public health (Eisner 1961, 137). Improvements in social welfare, nutrition, housing, education and family planning also were initiated. Upgrading of rural transportation led to easier access to medical facilities (Cumper 1983; Marchione 1977).

Following World War II there was a further expansion of medical services, which included an increase in the number of health-care centres and the appointment and training of a wide variety of medical personnel. However, these programmes proved not to be as successful as hoped, because many of the personnel refused to work in the rural areas (Leavitt 1992; Cumper 1983).

In the 1970s the government recognized the urban-rural imbalance in health-care services. In 1974 a Green Paper entitled "The Health of the Nation: Proposals for a National Health Service" was introduced by the Ministry of Health and Environmental Control. The document, meant as a "talking paper", represented the government's philosophical concept of health as well as providing guidelines for a new direction in health care that would result in services for every citizen (Leavitt 1992).

Primary health-care programmes were established, which now form the basis of the biomedical health-care system in Jamaica. Five types of health centres have been set up to meet the needs of the population. A Type I health clinic serves a population of not more than four thousand residents and is staffed by a midwife and two community health aides who provide services in maternal and child health, nutrition, family planning, immunizations and health education. A Type II clinic provides services for populations of twelve thousand. A resident staff nurse staffs it and a doctor or nurse practitioner and a pharmacist make regular visits. A Type III clinic is the headquarters of the Health District and serves several Type I and II clinics. It is staffed by a

higher grade of public health nurse and public health inspector. Also present are a clerk, a resident doctor and a nurse practitioner. Type IV health centres are associated with hospital compounds and have access to laboratory work and X-rays. Type V health centres are comprehensive centres located in the urban areas of Kingston, Spanish Town and Portmore (Leavitt 1992). Lowe et al. (2001, 25) list three additional speciality clinics: Type VI are chest clinics and community hospitals, Type VII clinics specialize in family planning, and Type VIII clinics provide dental care.

Today the health-care system is based on these government-operated hospitals and clinics as well as privately owned and operated hospitals. Health-care personnel include medical doctors, nurse practitioners, nurses, midwives, health aides, nutritionists, dentists, pharmacists and technicians of various types. These trained personnel deliver health care from both private and public health institutions and offices. By and large, individuals in the upper social strata do not seek treatment in public hospitals (except in cases of emergency). Individuals in the lower socio-economic strata usually attend the public hospitals out of economic expedience, but many make the economic sacrifice to secure the services of a private physician. Doctor-patient interaction in public facilities is likely to be asymmetrical in terms of social status, and plural in terms of cultural patterns.

The asymmetries of social status and power that result from professional training have been shown to directly affect communication and, thus, health behaviour (Fisher and Todd 1993; Lazarus 1988; Dayton and Payne-Jackson 2000). In Jamaica social indicators such as education, socio-economic class and rural/urban provenance are directly associated with different forms of speech along the dialectal range within the creole continuum, leading to communication barriers between people with different social profiles (Rickford 1987, Patrick 1992). Generally speaking, the rural folk speak Jamaican creole, and they may not have had the experience of learning or using the scientific vocabulary and discourse of Standard English. Specifically, the vocabulary of the human anatomy and of illnesses and diseases may differ between the rural folk and the biomedical health professional.

Health-care costs are rising dramatically throughout the world, and Jamaica is no exception. The economic situation in Jamaica has created a serious decrease in the availability and accessibility of modern health-care services and personnel. Several clinics and sections of hospitals have been shut down as part of a government-planned "rationalization" programme.

Consequences

This state of affairs has had three major consequences for the health-care system. First, the low salaries for nurses and other allied health-care personnel (who provide the bulk of health care in government facilities) have resulted in human-resource shortages, as these employees are seeking employment opportunities elsewhere. Second, insurance costs are rising dramatically, and it is projected that large numbers of people will not be able to maintain their insurance coverage. Third, consultation services as well as medication at the government clinics and hospitals, which were previously provided free of charge, now carry a fee of between J$250 and J$350 or more in a new cost-recovery programme. In private-sector pharmacies, prescriptions and over-the-counter drugs have escalated enormously in price.

A further implication is that utilization of the already heavily used folk medical health-care sector is increasing. Research for this book has revealed that many of the illnesses investigated are managed not only in the clinics but also in the folk sector, where they are treated with an extensive array of bush teas, tonics and other remedies and by a wide variety of practitioners. For almost 60 per cent of the illnesses investigated, respondents gave herbs a rating of "most likely" to "likely" to be able to treat the condition.

Many Jamaicans frequently consult folk medical practitioners as their first or second choice for treatment, rating them as highly effective in treating illnesses such as hypertension, diarrhoea, colds, viruses and mental health problems, and often combining biomedical and folk treatments (Payne-Jackson and Alleyne 1992a, 1992b). These practitioners appear to share Jamaican folk culture (both material and oral), socio-economic profile and linguistic code with their patients, and often belong to the same community. This suggests that the patient–folk medical practitioner relationship should be investigated for the degree to which its symmetry may account for the tenacity and vibrancy of folk medical practice.

Coupled with these phenomena are the existing ethnic, socio-cultural and environmental conditions which bear upon circumstances surrounding health conditions and health care. For example, retainer communities have become a marked feature of the rural sector in Jamaica owing to the migration of working-age adults to urban areas or to other countries in search of better opportunities. Elderly people and small children are thus left in deteriorating rural villages to fend for themselves in terms of health care. Also, environ-

mental degradation has created sanitation problems and an increase in environmentally related illnesses.

Another pattern that is evident is the extensive knowledge of and use of bush teas, particularly for the more common illnesses such as colds. Some physicians have found, however, that some of the bush teas are *too* effective. Preliminary research has revealed that there is a high correlation between the bioactive ingredients in these herbs and their use in folk medicine. For example, at one clinic it was reported that many people use tea made from the breadfruit leaf (*Artocarpus altilis*) to treat high blood pressure. But if breadfruit tea is taken too often – that is, more than once every two or three days – the blood pressure drops too low, endangering the person's health. In addition, the use of bush teas often masks symptoms of serious illnesses such as diabetes.

As we have seen, local conditions were very significant in accounting for the prevalence of folk medicine among slaves, and it is interesting that many of these conditions have continued up to the contemporary period. The unavailability and the high cost of official medicine today help to account for the prevalence of folk medicine in contemporary Jamaica. The continuing socio-cultural divide between biomedical practitioners and rural Jamaicans leads to impaired communication and mistrust. Psychological and cultural (traditional) factors also come into play. The psychological factor is the greater compatibility between the kind of therapy offered by the folk practitioner and the world view and religious beliefs of the folk. The cultural (traditional) factor is the continuing strength of this world view and associated religious beliefs.

2

The Ethnic Dimension

The post-Columbian historical experience of Jamaica has often been described in terms of duality, referring to two streams – of objective cultural reality, of collective consciousness and of ideological loyalty – represented by "Europe" and "Africa". This duality has been couched variously in terms of "Two Jamaicas" (Curtin 1968), "African continuities and discontinuities" (Alleyne 1988) and "plural society" (Smith 1965), as well as in terms of the urban/rural or modern/folk dichotomy. The concept of historical duality remains a useful framework for the historical analysis of the main currents of Jamaican folk culture, including the folk medical system, as it captures a heuristic generalization in the history of the Caribbean and in the structure of contemporary Caribbean societies.

One important concept that tries to capture the intersection and interaction of these two streams is "creolization". *Creolization,* though widely used in many disciplines (literature, linguistics, sociology, social and cultural anthropology and culture studies) and in different social historical contexts (the Hispanic, French, Dutch, Portuguese and English Americas) – or, perhaps, *because* it is so widely used – is rather ill-defined. In some cases, in Latin America, the word retains some of its original meaning and tends to

refer to the process by which people of European descent ("pure" for the most part) have adapted to the new environment (have become "nativized"). In other cases, in the Caribbean, especially where it is used to account for the genesis of creole languages, it is used to postulate a process of innovation (from a putative pidgin base) by which, it is claimed, new forms are created without any clear affinity to earlier ancestral forms. The concept of creolization is thus very attractive to post-modern thinking and to those interested in the concept of hybridity.

In still other cases, creolization is used to refer to mixture, the blending of forms of different origins, particularly European and African, rather than European and indigenous American. The legend of the mermaid or *riba muma* is a good example of this.[1] The figure of the mermaid is an element in the folk medical system, as she imparts healing powers to some types of practitioners. The myth seems to combine African-derived features with European-derived ones: it appears that certain surface features of the European myth about mermaids were grafted on a basic underlying structure of African meanings and functions related to water sprites. Creole languages and Caribbean musics are, in some accounts, similarly explained as a mixing of European surface structures and African deep structures.

Useful though it may be, however, the concept of "duality" underemphasizes the complexity of Jamaica's ethno-history (and that of the Caribbean in general). In the first place, "European" and "African" are cover terms, each of which masks a great deal of ethnic diversity. Many different African ethnic groups came to Jamaica, in two different historical periods. Among Europ-eans who settled in Jamaica in the course of its post-Columbian history, there were, at different times, peoples of Spanish, English, Irish, Scottish, Portuguese and German origins; and among the "English", several regional dialectal modalities have to be recognized. In addition, major groups of indentured agricultural workers came from India and China in the post-emancipation period.

Africans

The ethnic diversity of Africans who were brought to the Americas, including Jamaica, makes it difficult to identify the precise source of the "African" culture transplanted to the New World. However, a great part of the folk medical practices in Jamaica are attributable and traceable to very generalized practices in West Africa. Another way of resolving the problem of African

ethnic diversity is by postulating the dominance of a single ethnic group, within the context of diverse African ethnicities, in any given location of the African diaspora.

Herskovitz (1941) had suggested a particular "focus" for particular areas. And Alleyne (1988) suggested that one of the major gaps in African-American studies is the question of intra-African acculturation and assimilation. In this process, African ethnic groups surrendered their ethnicity in favour of one particular group that was dominant, either numerically, in the formative period (the second half of the seventeenth century), or by virtue of heightened ethnicity. Alleyne claims that it was the Twi people of the larger Akan grouping who dominated in Jamaica. The Maroons today still recognize their Twi (Coromantee) ancestry and have preserved remnants of the Twi language even while having incorporated elements from other African ethnic groups. In the lexicon of the general creole language of Jamaica, the vast majority of words of African origin are from Twi, which suggests that other African groups adopted the Twi names for specific things. Similarly, the African-derived items in the terminology of Jamaican folk medicine are, in the majority, from Twi. Obeah has been referred etymologically to Twi *obayi*, *obeyi*, occurring most frequently in the derivative compound *obayi-fo*, "sorcerer". Bilby (1993) contested this etymology but has not proposed a more acceptable alternative. More certain examples of Twi words in Jamaican are *bisi* (*Cola acuminata* – the tree and the fruit used for stomach ailments and to ward off hunger), *ackee* (*Blighida sapida*), *krakra* (itch), and *kokobe* (skin infection).

West African medicine is intimately and organically linked to West African religion. Jamaican folk medicine is similarly linked to religion. African religion underwent a series of changes in Jamaica, which have been addressed by Alleyne (1988). These changes have not been uniform everywhere in the Jamaican landscape, but have taken place in different degrees and in different forms in different contexts. For the Akan, there is a Supreme Being (*Nyame*, *Nyankopon*), all-wise, all-powerful, the creator of all things, but who remains rather remote and is not normally approached by human beings. Below Nyame are the lesser spirits born of the Supreme Being, who are closer to humans. The Ashanti, however, do pay homage to Nyame. Almost every dwelling contains an altar devoted to Nyame, in the form of a forked tree on which a basin is placed containing daily offerings.

According to Dallas (1803, 93), "the Maroons continued to believe, like their forefathers, that Accompong was the God of Heaven . . . but they

neither offered sacrifices to him, nor had any mode of worship". Today, Maroons still recognize *Yankipong* (or Nyame) as the Supreme Deity. Below the Supreme Deity are the spirits of the ancestors ("duppies", cf. Twi *adope*, "spirit"). The Maroons have also preserved other items of the Twi religious terminology. In addition to *obeah-man* (assuming, of course, that this is derived from Twi *obayi-fo*, "sorcerer"), Maroons have preserved the name of his counterpart, the priest, in the form *kumfu-man* (derived from Twi *okon-fo*). Among the general Jamaican population, kumfu-man has been replaced by *myal-man*. (*Myal* seems here to mean "spirit"; the precise African language etymon is uncertain.)

Generally speaking, the *okon-fo* among the Akan people combines herbal and religious occult healing. He is highly regarded in the community and serves also as linguist (adviser) to the king. *Obayi-fo* (or *obeyi-fo*) was the sorcerer dealing solely in *bayi* or *beyi* (witchcraft), and he was greatly feared or hated. According to Minkers (1979, 99),

> While the dominant conception of witchcraft is overwhelmingly negative and witches are considered quintessentially anti-social, some informants asserted that some types of witchcraft can be used for good. Herbalists and priests were said by some informants, including some practitioners in reference to others, to have good witchcraft which they used to attract clients, enhance their reputations and, most importantly, to combat the effects of evil witches.

Minkers distinguishes between witchcraft, practised "commonly" by women, and sorcery – that is, "bad medicines and charms" – employed by either sex, although it appears probable that the tangible objects required for its use are obtained principally from male practitioners.

It is not easy to arrive at a clear understanding of the types of African practitioners and their roles, competencies and techniques at the time of their transition to the New World and Jamaica. One obstacle to understanding is terminology, and the lack of consistency or uniformity in its use.[2] The other problem is the overlap in functions, which blurs the distinctions. We shall see that these problems exist also in the case of Jamaican practitioners. Herbalist and diviner are sometimes clearly separated, but at other times the same person may perform both functions.

English translations of African terminology also refer to "witch doctor" and "sorcerer", and also "witch". These are said to represent "bad" or "black" medicine, or witchcraft, as opposed to the "good" medicine practised by "medicine men". In the first case, the craft that is practised acts against the

social order, as it "manipulates occult forces to bring about misery, death and evil in its train" (Gelfand 1964, 85). Transferred to Jamaica, given the pathological nature of the "social order" that was New World slavery, the dichotomy between "good" and "bad" medicine becomes quite blurred. When this craft was practised against the master class, it could no longer be viewed naïvely as "evil".

The Twi word for "witch" is *obayi-fo*. The obayi-fo is, according to Rattray (1916, 47), the servant of *sasabonsam,* "evil spirits". Sasabonsam and obayi-fo are essentially at enmity with the priests (*okon-fo*), but the "witch doctors" could play a positive (though marginal) role in religion. Their Twi name, *bayi kom-fo,* literally "priest of witchcraft", suggests as much. Minkers (1979, 110) reports that "some informants asserted that some types of witchcraft can be used for good", the term *bayi-pa* referring to "witchcraft power used for good purposes". And we may recall here again that herbalists and priests were said by some of our informants, including some practitioners in reference to others, to have good witchcraft which they used to attract clients, to enhance their reputation and, most importantly, to combat the effects of evil witches.

Causality is also an important feature to be considered here. In Akan cosmology, illness may be caused by either physical conditions or supernatural forces. The practitioner must therefore be versed both in herbal healing and in identifying and dealing with supernatural influences on human lives. According to Minkers (1979, 103), "fundamental to Akan causal theory is the conception of an orderly universe in which all events are caused and potentially explicable. The cause is identified by a very important practitioner, the diviner, who is the first to be consulted when illness (or misfortune in general) occurs." There is ultimate causation – that is, the Supreme Being who retains ultimate control of the causal agents and forces, which, removed from direct and constant divine supervision, are able to operate somewhat independently.

Minkers has shown how culture change among the Akan has modified the system by introducing new ways to deal with illnesses (Christian prayer and spiritual healing) and new practitioners (prophets of the spiritual churches and physicians). Minkers further states that "some illnesses are thought to be spiritually-induced" (p. 120), but others are not, such as common ailments that respond readily to simple treatments. The nature and presumed cause of all illness determine the treatment. If it is suspected that the illness is not a simple bodily ailment but that "something lies behind it", a spiritual aetiol-

ogy may be indicated. The family of the patient consults a medium-priest or diviner to determine the cause.

It is, of course, wrong to suppose that African medicine was totally spiritistic and not at all rational. According to Sheridan (1985, 74–75), "there were both male and female doctors as well as general practitioners and specialists in such fields as midwifery, bone-setting, and the treatment of rare diseases . . . The treatment of the most common diseases closely approached the rational medicine of Western [scientific] culture." Sheridan also reports the findings of Maier (1979) for the Akan people that both preventive and curative measures were taken by native medical practitioners: laxatives, abortifacients, sedatives and anti-diarrhoeals were used. Maier supports Minkers in finding that illness was first approached as a physical disorder to be combated with physical means before resorting to religious or magical cures. This suggests a complex, multi-tiered system of causation, which, as we shall see in chapter 4, has clear echoes in the Jamaican folk aetiology.

It is, however, true to say that African aetiology is firmly rooted in the belief that disease and illness are ultimately of supernatural origin. The existence of pathogens is well recognized, but as pathogens are present in the environment at all times and in contact with all people, other reasons must exist to explain why they affect an individual at a particular time and place. The "why" of an illness is therefore of as much importance as the "how".

Whereas, as a general rule, Africans coming to Jamaica were engaged in acculturative creolization processes that led or are leading to the disappearance of different African ethnicities in favour of a general Jamaican creole culture, pockets of African ethnic conservatism have remained, with generally recognizable distinctive cultural patternings.

- **Maroon:** Maroon communities of runaway slaves go back at least to the end of the Spanish occupation of Jamaica (1498–1655) and the capture of the island by the British in 1655. The three contemporary Maroon communities – Accompong Town, Moore Town and Scotts Hall – all claim Twi-Ashanti ancestry (*Coromantee* in Maroon terminology). Although they have all assimilated elements from other West African ethnic groups, they remain the best-preserved repositories of African religion, music and language from the first period of the forced migration of Africans to Jamaica. It is reasonable to suppose that these communities also show the best-preserved examples of West African folk medical systems of belief, knowledge and practice going back to the early period

(we later discuss the problem of the preservation of elements of the hot/cold theory of disease aetiology among the Maroons).

- **Kikongo:** African migration in the post-emancipation period, between 1841 and 1865, brought an estimated ten thousand Africans to Jamaica as indentured agricultural workers. A very strong Kikongo contingent found itself in the parish of St Thomas, where today a religion of Kikongo origin, called Kumina, is practised. Its pantheon contains both "earthbound" and "sky-bound" deities, and ancestral spirits are revered and invoked. The folk medical practices of communities where Kumina dominates may be considered to represent a historical prototype of the contemporary creolized folk medical system.

Europeans

The European historical impact has been perhaps chiefly, though not exclusively, in the area of biomedicine. In fact, however, two "levels" of medicine are associated with the British presence. On the one hand, the planter class and the colonial administration provided an official medical service based on existing medical theory and practice in Britain. This was achieved by the recruiting of doctors from Britain. While they directed their services chiefly to the British establishment, they also treated slaves or supervised their treatment, thereby exposing slaves and hospital attendants to this official medicine. On the other hand, British folk medicine (to be discussed later) represented another level of belief and practice.

European biomedicine at the time of slavery was based on the humoral-climatic and miasmatic theory of disease causation, often referred to as Hippocratic humoral medicine. According to this theory, the four bodily humours (blood, phlegm, black bile and yellow bile) vary in both temperature and moistness. To remain healthy, the body has to maintain a correct balance among these humours. Illness results from a humoral imbalance, which causes the body to become excessively cold/hot, wet/dry, or a combination of these states. Food, herbs and other medications, which are also classified as wet or dry and hot or cold, are used therapeutically to restore the body to its correct natural balance (Harwood 1971, 1153).

It should be noted here that Hippocratic humoral medicine is one of several equilibrium models, other versions of which include the *yin/yang* of the Chinese philosophical tradition and the Ayurvedic *dosha* (humours) of the

Hindu tradition. Ayurveda recognizes five fundamental elements in man and nature: earth, water, fire, air and ether (Parrotta 2001, 5–6). It further recognizes three "biological systems" (the term used by Parrotta) or *dosha*, usually called "humours" in English: phlegm, or mucus; bile, or gall; and wind, or flatulence. These are akin to the yin and yang of Chinese traditional medicine and to the four humours of the Hippocratic theory of ancient Greek medicine. Disease or illness occurs when the balance between these humours is upset. When they are harmonized or balanced, appropriate to the age and condition of the individual in his natural and social environment, good health results.

It is the hot/cold balance that is emphasized in humoral medicine, and, in fact, the term *hot/cold theory of disease* is often used to refer to humoral medicine in general. When the hot/cold dimension is highlighted, illness is caused by excessive heat or cold entering the body, upsetting the balance. Balance is restored through hot and cold foods, herbs and other treatments, such as poultices that are thought to withdraw excess heat or cold from the body. According to Logan (1977, 90), "it [the hot/cold theory of disease] originally developed in Vedic India or perhaps even earlier in ancient China".

One doctor, John Williamson, in a report dated 1799, summarized the manifestation of this theory in Jamaica (see Sheridan 1985, 36–37) as follows: "The extreme heat, oppressive nature of the atmosphere, heavy and continuous rain, stale or perishing animal and vegetable matter, continued to produce many sources of disease, such as fever, dysentery, cholera, opthalmia, eruptive diseases, and fevers in children." According to this theory, the prevailing cures consisted of bloodletting, purging, vomiting and sweating.

The Hippocratic humoral theory (also referred to as the "hot/cold" dichotomy) is widely believed to have been brought to the New World by Europeans in the sixteenth and seventeenth centuries. Similar beliefs were prominent in Latin America, where European populations (Spanish and Portuguese) were more entrenched and more numerous than in the English, French and Dutch Caribbean. For example, Fabrega (1974, 228) claimed that these tenets of Hippocratic medicine "were originally introduced to Latin America in the 16th and 17th centuries and taught in medical schools established by the Spanish in Mexico and Peru; the ideas were spread by missionaries and subsequently diffused throughout Mexico and Central and South America". Harwood (1971, 1153) offers further evidence:

> [I]ts tenets were also embodied in household medical references which were used throughout Spanish America by priests and others who provided European med-

> ical care to the indigenous and *mestizo* populations. Through these channels of influence the humoral theory became an integral part of Latin American folk medical practice, where it persists today.

Foster and Anderson (1978, 59) add that

> humoral medicine comes to the New World as part of the cultural baggage of the conquistadors and later settlers . . . parts of humoral pathology filtered down to the folk level replacing a large part of pre-conquest medicine and blending with those parts that have survived . . . it lost the qualities of moist and dry.

They explicitly reject any other source:

> Although it has been suggested that the hot/cold dichotomy in Mexican folk medicine has its roots in Aztec beliefs, this explanation would not account for the nearly universal Latin American distribution of the system which is much better explained by the historical antecedents just described. (p. 59)

Foster (1994) reaffirms this thesis of the European origin of the hot/cold dichotomy in the New World and addresses the arguments of his critics who favour a (partly) American origin of the humoral concepts observed today in the region. Several other scholars also assume that Spanish colonists transmitted these practices to the indigenous peoples (see, for example, Currier 1966; Madsen 1955).

It is interesting to note that, while this humoral pathology going back to the great Hippocrates is specifically related to bodily functions, Amerindians, as reported in Currier (1966) and Madsen (1955), conceive of the entire universe as being made up of elements that are either "hot" or "cold", which maintain a balance in their distribution. Eating, for example, is classified as hot, as are sleeping, sexual relations, some stars, the sun and some gods. According to Salazar (1984, 4–5), among the Chontal Maya of the state of Tabasco, Mexico, hot and cold qualities are possessed and transmitted, to varying degrees, by all natural and supernatural objects; nor are those qualities reflective of physical temperature. The hot/cold dichotomy is woven into the belief system and world view of the people, and the qualities of hot and cold are applied to spiritual objects used for magical cures, and even to human beings (see also Roys 1931; Kelly 1965; Payne 1990; Pfund 1991).

The Amerindian view hinges on the concept that the optimum temperature of the blood must be attained, neither too hot nor too cold. An excess of "hot" must be treated by "cold" remedies and foods in order to restore equilibrium, and vice versa.

In general terms, the cold illnesses are those that: (a) have an obvious external agent: wounds, bites, stings, fractures and so on; and (b) manifest themselves in pain – such as headache, earache or arthritis. The hot illnesses are those that are related to a concept of dirty or bad blood, usually leading to skin eruptions: abscess, jaundice, rash, syphilis, measles and the like. These categories of "hot" and "cold" for disease and treatment are not mutually exclusive, and in many cases a particular illness can be assigned to both categories (for instance, fever or vomiting). The following examples from Venezuela and Mexico illustrate some illnesses and their classification (see table 2.1).[3] Illness can be caused by too much of a hot or cold food or by eating a meal not balanced between hot and cold foods; it can also be caused by a sudden, strong emotional experience such as anger, fright or envy. Illness is treated with a medicine of the opposite quality. For example, if a person has pneumonia, a cold illness, then a hot medicine is required to bring a balance (Payne 1990; Pfund 1991).

Like illnesses, herbs and medicines are classified as hot or cold, and the traditional healer must have extensive knowledge of their properties and uses, and of possible alternatives. Venezuelan traditional medicine, for example, has at least forty-five remedies for fever, and some are applicable only to specific types of illnesses.

Table 2.1 Hot/Cold Illnesses in Venezuela and Mexico

	Venezuela	Mexico
Cold illnesses	Diarrhoea	Arthritis
	Fever	Bites
	Headache	Pain
	Pain	Stings
	Snakebite	Wounds
	Vomiting	
Hot illnesses	Fever	Fever
	Stomach pains	Gonorrhoea
	Mental illness	Lesions
	Syphilis	Rash
	Marasmus	Ruptures
		Swelling

Source: Adapted from Pollack-Eltz 1982; Currier 1966.

Biomedical prescriptions have been incorporated into this classification system, and miscommunication can arise between doctor and patient if the biomedical doctor does not understand the importance of balancing the type of medicine (hot or cold) with the type of illness. For example, if a patient has a fever (hot) and the biomedical doctor prescribes penicillin (a hot medicine), the patient may not take the medicine, fearing that the sickness will worsen as a result of creating too much heat in the body. The appropriate prescription would be to tell the patient to take the penicillin with orange juice (cold) so as to maintain a balance and eliminate the problem of too much heat in the body (Logan 1978, 365–66).

If the hot/cold aetiological system of Latin America did originate with the Spanish conquistadors and colonizers, it has been considerably transformed and expanded by the Chontal and other Amerindian peoples. Foster had even admitted in an earlier work (1973, 209) the possibility that this hot/cold dichotomy may have existed in the pre-conquest cultures of the Americas. It may also be argued that Foster's claim that the hot/cold system originated with the Spaniards is weak because "it runs counter to the belief that theories relating to health are slow and difficult to change, and are unlikely to be based on sporadic and casual contacts with an alien culture" (Pfund 1991, 171).

The distribution of the hot/cold system of disease and treatment in the Caribbean region does not help us to determine conclusively whether it is a European import or indigenous to the New World. As far as the Caribbean is concerned, the following illustrations of the hot/cold dichotomy provided by Foster (1976) for Latin America are almost all found in Trinidad, but not to the same degree in Jamaica:

> [I]llness is ascribed to invasion of the body by excessive heat or cold. Sometimes actual temperature is involved, as when a woman explains hand and arm cramps as due to her carelessness in washing them in cold water when they were temporarily heated from ironing clothes. . . . Cold may enter the body in the form of "aire", or air, from the ingestion of cold foods, from stepping on a cold floor barefoot and the like. Body heat rises from exposure to the sun, or a cooking fire, from sleeping, from reading (the eyes become heated), from being pregnant, from ingesting hot food and beverages and from experiencing hot emotional experiences such as fright, anger or grief. (pp. 59–60)

Hot/cold systems have been found in Venezuela, Mexico, Peru, Guatemala, Colombia, Chile, Guyana (Amerindians only), Puerto Rico, Trinidad,

Guadeloupe and Martinique, and among some Hispanic immigrants (chiefly Mexican-Americans) in North America. Bougerol (1985, 159) strongly affirms its existence in Guadeloupe: "La médicine populaire est bâtie autour de deux notions fondamentales, celles du chaud et du froid." For example, women are advised to wash dishes or clothes during the first hours of the day and reserve cooking and ironing for later. The reverse is discouraged. It is ill-advised to open refrigerators while ironing or to expose oneself to rain or to bathe while the body is hot. These beliefs and practices are found in exactly the same form in Trinidad, and may be explained by the fundamental role played by Martinique and Guadeloupe in the peopling of Trinidad and in the formation of Trinidadian culture (Aho and Minnot 1977; Benoît 1990; Wong 1967). In both Guadeloupe and Trinidad, the hot/cold dichotomy is applied to foods, and leads to various proscriptions: bananas are cold and must not be eaten when the body is hot or after the consumption of alcohol, which is hot.

The hot/cold dichotomy does not exist to this same degree in most other Caribbean territories where Amerindian populations were largely exterminated early in the colonial experience. Cuban folk medicine is African-derived in spite of Spanish colonization, which would lead one to assume either that Africans were not much exposed to the influence of Spanish disease aetiology or that the lack (early demise) of an Amerindian population precluded the transmission into the folk culture of Amerindian ideas on disease causation. Jamaica is another place where this humoral theory is not as pervasively represented in the folk medicine as it is, for example, in Puerto Rico (see Harwood 1971; Lopez and Petras 1976), Guadeloupe and Trinidad (see Aho and Minnot 1977; Benoît 1990).

It is among the Maroons that the hot/cold system seems to be best established in Jamaica. The earliest Maroons were descendants of the Africans brought to Jamaica during Spanish colonization. During the struggle between Spain and England for possession of the colony (mid-seventeenth century), the Maroons were able to create for themselves communities isolated from English domination, and, consequently, they avoided slavery under the British.

These early bands were considerably expanded and strengthened during the heyday of plantation slavery after 1655. It is widely claimed (Barrett 1976) that the original Maroons came into contact with the indigenous Taino people before the latter disappeared. They had, of course, also come into contact with Europeans from England and Spain. They remained somewhat isolated from the wider Jamaican society for some time (although Jamaican Maroons

had considerable contact with the general neighbouring rural populations when compared with Suriname Maroons). The medical beliefs of the Maroons may therefore reflect all three elements (Taino, Spanish and British) – though it is certain, as we have stated, that Maroon culture, including medical beliefs and practices, religion, music and language, is the most representative of the West African culture(s), in the Akan modality, brought to Jamaica by enslaved Africans.

The Maroons have a tripartite system of classification to explain the causes of disease and illness. Sickness is caused by cold, germs and supernatural forces – that is, the shadow or the *duppy* and obeah (Cohen 1973; Payne 1991). Cold is a pervasive force that is always present in the environment, primarily in the earth and in the rain. Ideally, the blood is warm, and the intrusion of cold leaves one vulnerable to certain types of illness.

The Maroons rank cold intrusion as the major factor in illness and disease aetiology (Cohen 1973, 69). The term *contract a cold* is used among the Maroons (it can be found in the language of the general Jamaican population but is not widely known or used) and refers, as it does in Martinique and Guadeloupe, primarily to the physical phenomenon of cold, rather than to an illness as it now does in English. Among the Maroons, therefore, "cold" belongs to the aetiology, not to the nosology of diseases. It may then come to refer secondarily to the disease and its symptoms, commonly manifested as running nose, cough and sore throat. It has also been extended to other symptoms and illnesses as it has in Guadeloupe, where *fwedi,* from French *froidure* ("cold", "coldness"), has come to mean arthritis or its symptoms. Among the Maroons, and among the general rural population of Jamaica, one can "have (a) cold" or "contract (a) cold" in any part of the body. (It is interesting to note that the hot/cold theory has not left this mark in the standard French and Spanish languages in the form of expressions analogous to the English "I have a cold").

Of the four Hippocratic humours, Maroon medicine focuses on blood, which is seen as the most important part of the body, the vital force. Blood may be affected by cold intrusions that cause it to malfunction, thereby rendering the body vulnerable to all diseases (Cohen 1973, 74; Payne 1991). As we shall see later in this chapter and in chapter 4, blood is a major diagnostic element in Jamaican folk medicine as a whole.

In addition to such illnesses as arthritis, rheumatism, pneumonia and asthma, Cohen (1973, 70) states that Maroons attribute blindness and deafness to contact with cold. And in addition to such symptoms as general body

pains and malaise, sore throat, earache and mucus in the eye, which are generally attributed to cold intrusion in Jamaican folk aetiology, the Maroons also consider dizziness, fainting and loose bowels to be caused by contact with cold (Payne 1991).

It is the mingling of hot and cold that is particularly dangerous: cooking before a fire followed by washing; walking (which makes the body hot) followed by being wet by rain or by sitting on a cold rock; getting out of bed followed by walking barefooted on the cold ground. Thus it is prudent to allow the body to cool down before exposing it to cold from any source. For example, if a person has worked in the field all day, or has been cooking or ironing, and wishes to take a bath, it is important to let the body cool down first before getting into the water or drinking a cold drink. The primary access points are the head (in the case of infants, particularly the open fontanel, or mole) and the soles of the feet.

The hot/cold system is much more established in the general population of Trinidad, both rural and urban working class, than it is in the general population of Jamaica. In Trinidad, if the body gets too hot it has to be cooled down gradually and not too suddenly. Sudden extremes of hot and cold are to be avoided. And children are periodically given a substance called "cooling" to drink in order to restore the proper balance. The regular administering of such a substance under such a name as a preventive measure is unknown in Jamaica at the present time. It has, though, been reported for first- and second-generation Indian migrants, and there is a notion that some liquids can cool the blood if it gets too hot. The question is whether the relatively strong presence of the hot/cold concept in Trinidad is to be explained by its Hispanic past, its Amerindian past, the strong Indian presence (much stronger than in Jamaica) or a mutual reinforcement of all the sources.

Jamaica and Trinidad share the belief that, as in England and in English, a "cold" can be "caught" and that sudden chilling of the body is to be avoided, as is exposure to drafts. Cold is believed to enter the body and invade certain areas (such as the joints and limbs), the head and soles being the most vulnerable parts. Purges are given to eliminate phlegm and purify the blood (Sobo 1993). There is also an avoidance of "dry" food. A number of changes have taken and are still taking place. The head is losing primacy as the entry point for cold, and there is no longer a strict insistence that children should not go outdoors, especially at night, with their heads exposed. However, infants are still subject to the restriction, and the fontanel particularly must be carefully protected.

We have seen that another possible link between Jamaican Maroon folk medicine and Hippocratic humoral medicine is the importance of the blood as the locus of illness-causing imbalance. This notion is also found in the non-Maroon Jamaican population. Mitchell (1993, 127) found that the notion of "bodily equilibrium" is still an important concept in Jamaican folk medicine: "Expulsion of disease causing impurities is the primary mechanism by which this equilibrium is restored . . . Hypertension or 'pressure' is thought to be caused by incorrect circulation of the blood. Therefore it would respond well to 'cooling' liquids which 'cool' the blood." There is a link between "heat" and the balance of the blood. This is reflected in such concepts as "blood that is too hot rises to the head" and contributes to "pressure headaches". The equilibrium in the blood is thus linked to the hot/cold dichotomy; for example, too much exposure to the sun may cause the blood to overheat.

Heinz, Ramey and Payne-Jackson (1997) summarize the traditional European concepts concerning blood circulation as given by Descartes in 1632. According to Descartes, blood forms in the liver, where it is endowed with "*spiritus naturalis*". From the liver it flows through a major vein to the right ventricle of the heart. The heart, acting as an oven, heats the blood and endows it with "*spiritus vitalis*" when it is mixed with air from the lungs. From the heart, centrifugal force causes the blood to flow to the brain where it is endowed with "*spiritus animalis*". These "*spiritus*" were visualized as "refined winds" which were dispersed by the pineal gland through the brain and functioned primarily as a mechanism to control the movement of nerve fibres (Descartes 1961, 51; 1969, 139, 154). Echoes of this earlier European concept of blood may be found in a Jamaican folk interpretation of diabetes: "sweet blood [a condition of diabetic patients] is hot and this is why you perspire; hot blood then rises up in the body where it can work hard on your eyes; this is called 'jaundice' because not only your eyes, but also hands, feet, and nails turn yellow".

British Folk Medicine

An examination of the British contribution to Jamaican folk medicine cannot, of course, be restricted to official British medicine. In the formative period of Jamaican folk medicine and at the height of British migration to Jamaica, folk medicine enjoyed greater currency in Great Britain than official medicine. This is not to suggest that there was any clear and sharp dichotomy between

"folk" and "official" medicine, since it must be supposed that the humoral concepts on which official medicine was based had become part of the knowledge and beliefs of the common people. And this folk medicine was obviously brought to the Caribbean by British immigrants of all classes and categories: slaveowners, bookkeepers, overseers, pirates, soldiers, sailors and indentured workers. Folk medical beliefs and practices were not prevalent to the same degree among all classes, and the categories above are listed in ascending order in terms of degree of practice.

In this respect, it must be noted that the last-mentioned category – indentured workers – were not only the most ardent carriers of British folk medical lore and practices but also had more contact with African slaves than any other class of British immigrants. Their presence and influence in Jamaica were weak, however, when compared with Barbados, where "poor whites" were and still are an important element in social dynamics and social structure. For some forty years before it was a plantation society, Barbados was a *société d'habitation* (society of smallholdings). Jamaica, in contrast, neglected by the Spanish Crown, was hardly a *société d'habitation* during the Spanish period; it became a plantation society with huge imports of slaves on its capture by the British in 1655.

Furthermore, Jamaica had a greater incidence of absentee owners and a higher proportion of Africans to Europeans. Compared with Barbados, therefore, Jamaica had a weaker British presence and influence and a stronger African presence and influence. The effect of British folk medicine on Jamaican folk medicine has to be seen in this context. Another factor is the substantial difference between the flora and fauna of Great Britain and that of Jamaica. There was, therefore, little similarity in the specifics of herbal remedies, although the practices of drinking herbal infusions and of rubbing leaves, roots, bark, flowers and sap was common to both societies.

Folk medicine, both belief and practice, was extremely widespread in Great Britain in the seventeenth and eighteenth centuries. Indeed, witchcraft was as much believed in and practised there as in Africa. According to Briggs (1962, 1), "in the 16th and 17th centuries, belief in witchcraft, far from dwindling away or being held only by the country people, strengthened itself . . . Some of the most learned men in the country believed in it no less fervently than the ignorant." There were many parallels with African witchcraft. The distinction between "white" and "black" magic emerged in England and was then imposed on European interpretations of African magic. Furthermore, there was in England the same confusion of witchcraft and magic and of

witches, charmers, diviners and magicians, particularly among country people who did not accept the legalistic and religious condemnation of witchcraft by the Inquisitors and the later prosecutors and persecutors of witches. According to Palmer (1976, 60), in Somerset (in southwest England, the region of origin of the majority of British people who came to Jamaica), "the good or 'white' witch acted simply as an advisor or doctor to the community. She was consulted on important decisions, cured illnesses and countered evil from elsewhere."

Remedies, prophylactics and charms were widely known and used by amateur magicians and the public at large. "Private magic was most commonly used in matters of love and hate, for protection against witchcraft, for the cure of illness and to bring good luck" (Briggs 1962, 166). And Palmer (1976, 60) adds that in Somerset laymen could employ "sympathetic magic using a fetish, or even the more esoteric evil eye could be employed to a person's considerable and evil advantage". Charms, many of them (even those used by witches) based on Christian religion, were also put to therapeutic use against an assortment of illnesses, including toothache and sprains. All kinds of foods were thought to be aphrodisiacs, including sweet potatoes, tomatoes and stewed prunes. Herbs constituted the outstanding remedy, vervain (*Verbena*) being one of the most potent, used both as a medical herb and to procure love and favour.

Stamp (1971, 34) sums up the situation for North America in this way:

> Slaves picked up plenty of superstitious ideas from the good Puritans, Baptists, Methodists and other religious sects. Indeed it is more than likely that Negroes and Whites made a generous exchange of superstitions. There is no need to trace back to Africa the slave's fear of beginning to plant a crop on Friday, his dread of witches, ghosts and hobgoblins, his confidence in good luck charms, his alarm at evil omens and his reluctance to visit burial grounds after dark. These superstitions were all rooted in Anglo-Saxon folklore.

While there is apparent similarity between Africa and Great Britain in terms of the general fundamentals of folk medical beliefs and practices transmitted to Jamaica, there is not a great deal of convincing evidence for similarity in the specifics. This is probably the result of the comparative weakness of the British folk presence in Jamaica and the strength of the African presence. Nevertheless, British superstitions fared better. Palmer reports a number of specific superstitions from Somerset, which are also found in Jamaica and the rest of the Caribbean. For example,

- A bird at the window is a bad omen.
- A howling dog is a portent of death.
- Nail clippings should not be left lying about.
- Throw salt over the left shoulder or leave some outside the front door to frighten the devil away.
- Never open an umbrella indoors.
- Itching of the eyes, ears, palms of the hand or soles of the feet are signs of one thing or another.
- A black cat running across one's path is an ill omen.
- Stepping on a crack or division in the pavement should be avoided.
- Picking up a pin will bring good luck.
- Returning to the house for something forgotten should be avoided.

Others are reported in Hand (1980), for example,

- Something which frightens a pregnant woman can cause a birthmark or defect in the child.
- Wearing a stocking turned wrong side out around the throat at night will cure a sore throat.

Two prevalent Jamaican beliefs are mentioned by Hand (1980, 46) as being European as well. In England, children born with a caul are supposed to have the gifts of healing and second sight. This belief was taken to the United States by the British, and to Louisiana by the French. Hand reports that in Louisiana, children born with a caul were thought to be destined to become "*remède* workers". This belief is very well established in Jamaican folk medicine and is a primary means by which a person self-selects or is selected by the community to become a healer.

Hand (1980, 310–18) further reports that "the cure of venereal diseases by transmitting the malady to a virgin" is found in the United States, and he attributes it to Italians in New York at the time of World War I. The magical transference of disease takes many forms in European folk medicine. Diseases may be transmitted to trees, animals and rocks – in addition to virgins, in the case of venereal disease. In the Jewish tradition, especially on the occasion of Yom Kippur (the Day of Atonement), sins may be transmitted to fowls. In general, cure by transmission of disease from the sufferer to some other object is not manifested in Jamaica. The only cure by transmission recorded for Jamaica is that of venereal diseases. It is, however, important to note that the Jamaican case does not actually emphasize *transmission* of the

malady to the virgin but simply the cure of the sufferer. Obviously, the virgin will very likely be infected, but the mechanism of the cure is not perceived as transmission.

It is evident that early British official medicine (Hippocratic humoral medicine) and folk medical beliefs and practices both had some systematic structural effect on Jamaican folk medicine. British folk medicine also transmitted a number of separate items to Jamaica. There is some similarity between the two major historical sources (Britain and Africa) of Jamaican folk culture and folk medicine, insofar as seventeenth- and eighteenth-century spiritual and occult practices and therapies are concerned. For example, dirt and other products from graveyards (nails from coffins, bones of the deceased) were used in the folk *materia medica* in both Britain and Africa.

Other Europeans

The European historical presence in Jamaica contains elements other than British. The earliest contributions to the development of Jamaican culture came from the Spanish, with perhaps some minimal contributions from the Portuguese. The Spanish were the first Europeans to inhabit the island, and they brought with them both the official medicine of the time (Hippocratic humoral medicine) and varieties of the folk medical beliefs of the colonists. Their influence is found today chiefly in the place names of Spanish origin which abound in the toponyms of Jamaica. It is also claimed that the first Maroons of Jamaica were slaves who had run away from enslavement by the Spaniards. To the extent that African slaves underwent particularly rapid and comparatively extensive acculturation in the Spanish colonial regime, it is quite possible that they adopted some of the folk medical practices of the Spaniards with whom they were interacting. If there was any continuity between these early Maroons and the groups which formed later during the British colonial regime, there could have been some transmission of Spanish folk medical forms. In assessing this possibility, it may be pointed out that there is, in the language of the Maroons, no evidence of such continuity.

Portuguese-speaking Sephardic Jews fled from Brazil in the latter half of the seventeenth century when the Portuguese took that country from the Dutch. They had earlier arrived in Brazil from the Iberian peninsula, fleeing religious persecution. When they fled Brazil, they worked their way northwards into the Guianas and the islands of the British and Dutch Caribbean, bringing with them a tradition of commerce and, perhaps more important to

the history of the region, a tradition of sugar-cane production technology. Their cultural influence was significant in the Guianas but quite negligible in Jamaica.

Germans were brought to Jamaica in the immediate post-emancipation period as part of a white indentured-worker immigration policy designed to force blacks from the mountains into the lowlands. One of the major concentrations was in Seaford Town, in the hills of Westmoreland, which today is still populated by persons of German extraction. Though they have adopted the language of rural Jamaica, they remain clannish and have a high incidence of endogamy.

Other Groups

Other ethnic groups arrived in Jamaica during the island's colonial period. As in other parts of the Caribbean, they came from Asia and the Middle East. Especially in the case of those originating in the Indian subcontinent, they contributed to the development of Jamaican folk medicine. It is not always possible to identify their particular contributions, especially as, in Jamaica, there has been a fair degree of cultural integration of these peoples. Their ethnic identity has been blurred as they have become more or less integrated into different strata of the general socio-economic structure (see Alleyne 2002). Moreover, folk medical systems around the world have many common features, including recognition of the role of spiritual and supernatural forces both in the aetiology of illness and disease and in therapy – that is, the use of herbal remedies.

South Asians ("East Indians")

Between 1845 and 1915 an estimated thirty-six thousand Indians came to Jamaica. At present their descendants represent 2 per cent of the total population of Jamaica, and, although Indians have joined the general migration into urban centres, there remain pockets of Indian concentration in rural areas. Their role in the development of mainstream folk culture has probably been grossly underestimated. It is a fact that as many as seventy-five botanical species were introduced to Jamaica from India, including several that are used medicinally – among them ganja (*Cannabis sativa*), tamarind (*Tamarindus indica*), cerasee (*Momordica charantia*) and mango (*Mangitera indica*). It has also been claimed that Hindu spirituality has influenced such Afro-

Jamaican religions as Revivalism and Rastafarianism (cf. belief in the therapeutic and spiritual properties of ganja, or marijuana). And there is some perception among the general population that Indian magic (obeah) is particularly strong.

For India, we have to recognize several modalities of medicine. There is, of course, Western biomedicine, introduced during the colonial period of Indian history. At the time when Indian indentured workers came to Jamaica, there were two indigenous modalities of medicine in India. One is the "qualified system of medicine" known as Ayurveda (mentioned earlier). The other is Unani, of Islamic origin, which both competes and collaborates with Ayurveda (Parrotta 2001, 7). These two modalities include both medicine and surgery, and, like Western biomedicine, are well documented, presented in authoritative texts, and taught in recognized medical schools. There is, of course, in addition, the folk medical system, part of the oral tradition, in diverse forms corresponding to the ethnic and ecological diversity of India but using herbal and magical therapies common to folk medicine all over the world. The major modality of this folk system is Siddha, "an esoteric alchemical and magical system" (Parrotta 2001, 8), which exists especially in the Tamil region of India.

Ayurveda is a fully evolved medical system that resembles Hippocratic humoral medicine but developed beyond it. It was greatly influenced by Buddhism through the phenomenon of yoga, which encouraged knowledge of physiology. Buddhist monks served as doctors and encouraged among laypersons an orientation towards rationalism and a distrust of the medical magic of earlier times.

The basic doctrine of Indian medicine, like that of ancient medieval Europe, was the concept of humours (*dosha*). Health was maintained through the even balance of the three vital fluids of the body: wind, gall and mucus (to which some added blood as a fourth humour). The three humours were connected with the scheme of the three *gunas,* or universal qualities, and associated with virtue, passion and dullness, respectively.

The bodily functions were maintained by the five "winds" (*vayu*): *udana,* emanating from the throat and causing speech; *prana,* found in the heart and responsible for breathing and the swallowing of food; *samana,* responsible for fanning the fire of the stomach, which digested the food, and dividing the food into its digestible and indigestible parts; *apana,* found in the abdomen and responsible for excretion and procreation; and *vyama,* a generally diffused wind, causing the motion of the blood and of the body generally

(Basham 1967, 500–502).

Ayurveda, in recent years, has been growing in popularity in India and in the Indian diaspora. As we saw in the case of the current growth of Jamaican folk medicine, its practical value enhances its growth. Facing a shortage of biomedical doctors, India finds the Ayurvedic *vaidya* (doctors) almost indispensable, and Ayurvedic drugs are relatively inexpensive. Ayurveda is also now being harmonized with modern medical knowledge and techniques. For example, in Ayurvedic medical colleges (which are more numerous in India than modern colleges based on Western biomedicine), diagnoses and the corresponding methods of treatment are generally based on the traditional system, while urinalyses are performed in accordance with modern ideas, and surgical methods are also up to date.

It is reasonable to assume that both forms of Indian indigenous medicine, Ayurveda and folk, were brought to Jamaica (and to other destinations in the Indian diaspora). There is no evidence that Indians in Jamaica have preserved aspects of the aetiology and physiology of Ayurvedic medicine. However, they have preserved a number of ancestral cultural practices (some of which have been diffused into the general population), and among these are some belonging to the domain of folk medicine. For example, turmeric (*Curcuma domestica*), called *hardi* or *tambrik* by Indians, is used for indigestion, rheumatism and sprains. Broad therapeutic and prophylactic properties have been attributed to mustard oil, but it is being replaced by coconut oil (only the type extracted by boiling). Honey is applied to various ailments of the eye. Indians brought to Jamaica a tendency towards vegetarianism, as well as the use of spices not simply as a culinary and gastronomic preference but as a factor in health and for therapy.

Chinese

In 1854, 472 Chinese labourers arrived in Jamaica. Just under half came from Panama, where they had gone to work on the railway. But the high death rate and repatriation so reduced their numbers that the 1881 census reported only ninety-nine Chinese on the island (Lind 1958, 149). Thirty years later, in 1884, 696 Chinese arrived from Hong Kong, and were distributed mainly on plantations in the parishes of St Mary and St Thomas. However, the census of 1891 counted only 481 Chinese. The next wave of arrivals, between 1891 and 1911, consisted of commercial immigrants. They not only increased the Chinese population to 2,111 but also signalled an island-wide change in occupation from agricultural worker to retail grocer. The 1943 census counted

9,234 Chinese. From 10,267 recorded in the 1960 census, the number fell to a mere 5,372 in 1991, largely as a result of emigration to the United States and Canada.

The Chinese who came to Jamaica were chiefly from the Kwang Dung area of southern China and were mostly Hakka people. The Hakka were nomads, moving whenever conditions were not to their liking. They migrated to many areas of the Americas and Europe. In Jamaica, as elsewhere, they formed a tightly knit racial and ethnic group. Unlike the Indians, they developed and financed their own institutions, including a benevolent society, a public school where the Hakka language was taught, a newspaper, a sanatorium, a cemetery and clubs. In the mid-twentieth century, national sentiment in Jamaica became very strong and led to the remaining Chinese abandoning much of their ethnic identity. They began to participate more in the national forms of life and culture, such as popular music and football. Since the 1970s, emigration has further reduced the size of the Chinese groups and has led to additional weakening of Chinese separateness.

The Chinese, as a group, did not remain for very long in agricultural work. They entered the retail grocery trade and other small businesses (primarily laundries and restaurants) and later progressed to the banks and the professions. The relatively short period during which they worked as agricultural labourers and their shift to the retail grocery trade and other non-agricultural pursuits removed the Chinese from contact with the land and dispersed them in rural townships. Consequently, there is no "Chinese" village in rural Jamaica. This probably explains why the Chinese did not bring plant specimens with them to Jamaica and, thus, did not contribute directly to the biodiversity of the island. Flora of Chinese origin came to Jamaica via other countries (in Europe or the Caribbean) where they had first been taken. Dasheen (a green leafy plant with an edible rhizome, related to the family *Nymphaea lotus*) is one such plant. Both in the Caribbean and in Indochina, it is seen planted on the banks of rice-field drains. The Caribbean name probably comes from the French *de Chine*.

The Chinese of Jamaica relied on imports of herbs and other therapeutic and nutritional products from China (and more recently from Canada). As far as goods of Chinese origin were concerned, the Chinese grocery stores at first concentrated on such products as tea and soy sauce. They later expanded into herbal medicines and mosquito repellents, in addition to other made-in-China articles such as slippers and flashlights. The herbs were not of the "folk" variety but over-the-counter, non-prescription popular medicaments

such as Epsom salts, senna pods and Tiger balm.

Isolated in rural towns and villages, the Chinese adopted the herbal treatments of the people around them but apparently not the spiritual and magical forms. Bush-baths were regularly taken, perhaps as a carryover from China

3

African and African-Jamaican Religions

itself, using local (Jamaican) bush.

The folk health-care system in Jamaica is deeply rooted in religion. Important practitioners include priests, shepherds, diviners, readers and leaders of churches. A great deal of healing takes place within the confines of the church and as both part of and product of religious rituals. Even practitioners not linked to a church make use of religious artefacts and prayers. Some may even have acquired their healing knowledge and skills through religious spiritual experiences. Religious and supernatural causes play a dominant role in folk aetiology. Therefore, in order to understand certain fundamental aspects of the folk medical system, it is necessary to observe how African religions and belief systems became restructured in the Jamaican context and in contact with Christianity, and to examine the influence of religious and magico-religious concepts in Jamaican culture. The religions examined in this chapter are the ones most closely related to the folk medical system.

African and African-Christian Religions

Africans taken to Jamaica as slaves carried with them a certain set of religious

beliefs and concepts. They brought with them, too, a memory, individual and collective, of certain structures of religious behaviour and practice. According to Alleyne (1988, 76),

> it is quite probable . . . that priests, magicians, doctors and diviners were among those brought to the New World and that they continued to fulfil the same functions, or similar functions modified by the new conditions, in slave society. The most important difference between Africa and the plantations was that on the plantations there was little or no large-scale political organisation among slaves, so that religious practitioners had no political and little social support and were dependent on what recognition they could gain through personal initiative and self-assertion.

As evidenced by the early accounts of plantation owners and missionaries, the most frequently recognized and most powerful religious practitioner was the African-born obeah-man. Due to the relative lack of political organization among slaves on the plantations, these practitioners operated on an individual basis. However, whenever, or to the extent that there was any type of organization among slaves, the practitioner was recognized and played important roles, as for example in the organization and conduct of slave revolts.

A law (1696) banning the large assembly of slaves on Sundays and holidays, and another (1760) banning the operations of obeah-men and obeah-women, attested to the existence and importance of these practitioners. Other prohibitive laws were passed in 1781, 1826, 1898 and 1938. These laws contributed to the separation of the priest from the total structure of religious observance and to the predominance of the obeah practitioner operating alone. The need to mobilize the spiritual powers for rebellion, resistance and survival further contributed to making the obeah-man and obeah-woman more important than other elements of the religion(s) of the slaves.

However, some form of organization did exist, and it became recognized and somewhat structured and open under the name of myal. Long (1774, 2:416–17) suggested that myalism (see below) was an early religious organization, society or movement in Jamaica. Gardner's 1873 account of the myal dance, taken from Edwards (1793), provides evidence of a secret society among the slaves. The earliest records of slave religion in Jamaica suggest that this religion, like other aspects of African culture developing in Jamaica, is best explained as Akan-based with other African cultural modalities (Yoruba, Bantu, Ewe, Igbo and Mande) making important contributions. We

have seen, for example, that the African-derived vocabulary of Jamaican religion, as is the case with the African-derived element of the general Jamaican lexicon, is predominantly Akan. And Edwards (1793, 1:538) had also earlier reported that "all nations of Africa [in Jamaica] recognized the power of Obi and Obeah-men". Gardner (1873, 184), relying on Edwards (1793), reports that

> the influence of the Coromantyns [Akan] seems to have modified, if not entirely obliterated, whatever was introduced by other tribes. They recognized, in a being called Accompong, the creator and preserver of mankind; to him, praise, but never sacrifice, was offered. Assaici was an other being: to him [*sic*] they offered first-fruits, and the festival of the New Year was kept in his [*sic*] honour.

These names are of Akan origin and are still used among the Maroons of Jamaica today.

Alleyne (1988, 79) suggests that this Akan-dominant religion took two paths in Jamaica: a conservative path among the Maroons who still today preserve important elements of this religion (see below); and, in the wider society, an evolutionary path influenced by contact with Christianity and loss of contact with Africa after the abolition of the slave trade, leading to the Jamaican religions known as Pukumina, Revival (in its different forms) and Convince (see below).

Maroon Religion

The traditional religion of the Maroons is, as we have suggested above, a syncretism of the Akan religion with elements of other African cultures. Yankipong (Gardner 1873 used the form *Accompong*) is recognized as the Supreme Deity, the creator and preserver of mankind. Maroons have also preserved the other name of the Supreme Deity: Nyame. They also still invoke the divinity known to the Akan as Asaase, the female counterpart of Nyame, in the greeting *Yankipong adu Asaase*. Immediately below Nyame are the ancestral spirits (duppies – cf. Akan *adope*, "spirit"). Bilby (1981, 56–57) describes the informal hierarchy that exists among the ancestors for the Windward Maroons. The earliest Maroons are at the top, followed by four early Maroon warriors, generals who are said to correspond to four major Maroon "tribes" or "nations". Additional tribes are also recognized. Under the four generals are four other ancient warriors. Below these are a large number of ancestral spirits.

The degree of power of a spirit depends on its distance from the living. The most powerful are the oldest spirits, although they are considered to be almost inaccessible; the least powerful are the recent dead. The spirits that have the most interaction with the living are those who are still remembered by name.

Maroon spirits play an important role in two types of "Kromanti dance" or "play": the "pleasure dance", which is performed for the purpose of entertainment, and the "business dance", which is a healing ceremony performed primarily for the purpose of treating spirit-caused illnesses.

Bilby (1981, 68–69) describes how a business dance is arranged. A client consults a *fete-man* (ritual specialist) who then "reads" the client, telling him what his problem is and what he requires. If the fete-man decides to take the case, a date for the dance is agreed to. At the dance the fete-man is assisted by his *pakit* (the Maroon ancestral spirit that is the spirit familiar of the fete-man) and his *jege* (a special object that is a gift from the pakit), which functions as the oracle power of the fete-man. In order for a Kromanti dance to achieve its purpose, one or more participants must experience myal or spirit possession. As the spirit mounts its "horse" (the person possessed), the possessed individual is attended by a helper who ties his or her head with a "saddle" (cloth tied around the head) and answers the commands issued by the spirit.

> During the course of the *dance* the *fete-man* usually leaves to go into the woods to pick the necessary herbs to end the ceremony.[1] When he returns with the special herbs, they are crushed and blended with rum (and sometimes animal blood) in a bowl. This mixture is used to "bath" the person for whom the dance is being held . . . Sometimes the patient is also told to drink an herbal potion which has been previously prepared. . . . "Weeds" are also important in the manufacturing of a "guard". A guard is a protective power, which is fastened to a human being and works to fend off potential spirit harm. (Bilby 1981, 70)

Kumina

Kumina and the Maroon Kromanti tradition belong at the African end of a religious continuum. Kumina, located primarily in the St Thomas parish, is thought to have emerged from a blending of the belief systems of the Congo-Angola Bantu peoples. Schuler (1979, 65–96) traces the origin of Kumina to the liberated Africans who came to Jamaica between 1840 and 1870. The pantheon in this religion consists of sky-bound gods – *Oto, King Zombi, Shango*

and *Obei* – as well as earthbound gods. It is interesting to note that Shango is of Yoruba origin and appears in many African religions of the New World, while Obei (probably the root of modern *obeah*) is of Akan origin (cf. Cassidy and Le Page 1967, 327).

The earthbound gods have in recent years included some earthbound deities of Christian origin, such as David, Ezekiel and Moses (Alleyne 1988, 92). Below these two categories of deities are the ancestral *zombis,* which are the "spirits of men and women, who, in their lifetime, were dancing zombi (persons who experienced possession by a god and who danced while possessed), drummers, and obeahmen" (Simpson 1978, 98). Simpson (1970, 167) reports that in addition to the three levels of spirits, "there is an awareness among the Africans of a devil and his assistants, and of small people who live in the woods. These spirits are all believed to be evil and destructive."

Kumina is described as being primarily a family religion. "Some gods serve special groups which appear to be tribes or nations. . . . Each tribe or group has many spirits from its own family or clan, which come to it. These . . . ancestral zombies . . . [may] become strong and rise to the status and power of a god" (Simpson 1970, 191).

In Kumina there are both public and private ceremonies. The invocation of ancestral spirits is the focal aspect of these ceremonies. Most myal possessions are by ancestral spirits. Several different types of ceremonies are performed in Kumina – for example, memorial dances (called the "black and white dance"); dances to celebrate betrothals or to greet a new child; entombment dances (the nine-night ceremony); public Kumina; and private "working" ceremonies conducted by obeah-men in their "yards" for a variety of purposes (Simpson 1978, 98–99).

The "scientist", or obeah-man, of Kumina has private working facilities and trains initiates. He has a permanent staff as well as zombi assistants who help with mixing herbs and potions. Obeah-men are

> required to know the beats, feedings, dancing habits, and methods of controlling large numbers of gods and ancestral zombies. In this part of Jamaica, it is considered impossible to become a good obeah man in less than twenty-five years of active work, which means that a good obeah man is in his forties. . . . Even many of the lesser obeah men (lesser in terms of the appraisal of the people in the area) are men of ability, serious purpose and knowledge. They do not appear to fit the picture of craftiness and ignorance often presented by upper class West Indians. . . . Obeah men often are counsellors, doctors, and ministers to the people and greatly respected. The evil ones who "set things on people" are feared rather than

respected. (Simpson 1970, 191–92)

Convince

Convince is considered by some to be the oldest surviving form of myalism. Christian names have "entered the Myalist pantheon but attributes of the deities and attitudes toward them are based on African transmissions and continuities" (Alleyne 1988, 94). Lesser deities and lower-order spirits such as ancestors are considered to be more accessible and, therefore, are more useful to the Convince bongo-men (ritual specialists). According to Cassidy and Le Page (1967, 80), *bongo* "is frequent as a tribal name in the region of the Nile-Congo-Niger watershed".

Like the Maroon religion, Convince has a hierarchy of spirits based on the degree of removal from the present generation, the more powerful being the Bongo spirits from Africans, Jamaican slaves and Maroons. These spirits are followed by recently departed obeah-men and, finally, by the spirits of ordinary Convince members. The spirits may possess or "mount" their devotees who, in turn, are required to honour them with ceremonies and goat sacrifices (Alleyne 1988, 94).

Hogg (1960, 4) describes the relationship between the spirits and humans:

> [Convince] rests on the assumption that men and spirits exist within a single unified social structure, interact with one another and influence each other's behavior. . . . Bongo men believe that spiritual power is morally neutral – or that it can be put to both constructive and malevolent purposes. It makes little sense, they reason, to propitiate spirits who are neither potentially dangerous nor immediately useful. . . . Bongo men focus their attention on lesser, more accessible spirits who take an immediate interest in material human affairs and have greater influence upon phenomenal events.
>
> Each Bongo-man has spirits that work for him in return for annual animal sacrifices. These spirits then teach him spiritual secrets, protect him, bring him good fortune, and assist him in performing magic (obeah). The cult has little formal organization. Each Bongo Man operates independently, but each also attends meetings of other cult leaders. (Simpson 1978, 101)

Several theories exist as to the origin of Convince. Moore (1953) and Hogg (1960) locate the centre of Convince in the parishes of Portland and St Thomas. They conclude that it originated among the Windward Maroons after emancipation, as they began to move down from the mountains and

started to live among other Jamaicans. Moore and Hogg's theory, however, is difficult to support in light of comments made by Gardner (1873, 357), who provides evidence that Convince existed before emancipation and had already begun to incorporate elements of the Native Baptist teachings of Lisle and Baker. Myal leaders, in an effort to legitimize their work, introduced Christian practices and teachings such as conversion and baptism, with "convince" providing proof of conversion. According to Gardner,

> Evidence of conversion and qualification for baptism was sought not so much in repentance and faith as in dreams; but if the applicant had experienced a "convince," that is, had swooned away, and while in that state had a vision, or passed through a state of great excitement, attended by physical contortions, then all was well. (p. 357)

Alleyne (1988, 94) suggests that, since the religion of the Maroons was basically similar to myalism, their presence after emancipation may have reinforced Convince in the parishes of Portland and St Thomas.

Bilby (1981, 86–88) proposes that although the Convince cult bears some similarity to "Kromanti" [Maroon] tradition, it appears to be more of a syncretization of elements of the Kumina tradition with aspects of the teachings of the nineteenth-century Christian missionaries. In fact, Convince adherents claim that they are part of the Kumina or bongo nation but use different spirits and methods in their work, which reflect certain superficial elements borrowed from Christianity. Today, some Convince members affiliate themselves with '61 Revival (see below).

Revival: Revival Zion and Pukumina

Jamaican Revivalism, born out of the Great Revival of 1860–61, is a syncretism of African and Christian beliefs derived from the myal, Native Baptist and other non-conformist Christian movements of the eighteenth and nineteenth centuries. The Jamaican people generally recognize two major branches of Revival: Revival Zion and Pukumina.[2] While the two branches are similar in some respects, they differ in terms of ritual, doctrine and types of spirits that may be invoked. The differences correspond to the particular segment of the Great Revival with which each is associated. Revival Zion (1860) is associated with the Christian segment of the Revival, and Pukumina (1861) is associated with the latter part of the Revival, which was more influenced by African beliefs and concepts.

Scholars recognize several sub-types of Revival, but there appears to be no agreement as to where one ends and the other begins. For example, Barrett (1988) discusses three types: Revival Zion, Revival and Pukumina.[3] Revival is described as a balanced mixture of Christian and African practices. Wedenoja (1989) notes that differences between Revival churches are actually due to the unique nature of each church. The underlying concept of all Revival is related to the African belief that the spiritual and temporal worlds are united, and, therefore, the living can be possessed by the spirits of the dead, who may then advise them (Murphy 1994; Seaga 1969; Wedenoja 1978).

Revivalists have three principal types of religious services: prayer meetings, which may be held every evening and often more than once on Sundays; street meetings, which are held for the purpose of testifying and singing in hopes of drawing in new members; and rituals for specific purposes, such as "tables" and "duties" held for special occasions such as baptisms and ordinations.

"Bands", or group units, are organized into three levels: Leaders, Postholders, and Floor Members. In Zion, female leaders are called Mothers and male leaders are called Captains. The leaders are followed by the Armour-Bearer (the Captain's personal assistant) and then the Deacons and Elders. In Pukumina, the female leader is called Mother and is followed by a Governess. Male leaders are called Shepherds and are followed in rank by the Shepherd Boys. Following the Shepherd Boys are approximately fifty other types of functionaries, each of whom has special duties – for instance, the Time Keeper, River Maid and Messenger (Seaga 1969; Simpson 1956).

Revivalism recognizes three categories of spirits: heavenly spirits (the trilogy of archangels, angels and saints), earthbound spirits (the satanic powers, fallen angels, biblical prophets and the Apostles), and ground spirits (all the human dead except those in the Bible) (Seaga 1969, 10).[4] Zionists revere and invoke primarily the heavenly spirits and the Apostles and prophets of the earthbound group. Other spirits of the lower order are considered to be evil and are not called on. Pukumina followers invoke primarily the ground spirits and fallen angels, which they do not consider to be evil.[5] Lower-order spirits are considered to be more accessible than higher-order spirits and quicker to act when needed (Seaga 1969, 10–11).

The band is the group unit in both divisions (Pukumina and Revival Zion) of Revival.[6] Members meet at the "mission ground" or "seal ground", which is in the leader's yard.[7] The mission ground is laid out in a special way. A

flagpole identifies the Revival ground and attracts passing spirits. Each mission ground has a consecrated area called the seal, which is the centre of important ritual activity. Items such as flowers, fruits, candles[8] and Bibles may be placed on an altar, or on a table covered with a white cloth, near an altar. The different altars in the church represent the different levels of heaven. The three tiers of the main altar represent the three divine powers. White is the colour associated with peace, blue is associated with "clearance" (used in healing), and red symbolizes love. Each church has a water pool or a pan of consecrated water, which is used in the rituals.

The seal is the focal point of the church. The music and dancing of the congregation attract or "call" the angels, who manifest themselves through the seal. They enter the temporal world through the pathway of the pole and water (Murphy 1994, 141). Murphy adds,

> The "Spirit" in Revival Zion is both the particular spirit who guides the individual in his or her work and also the more general power and breath of God, the Holy Spirit, the third person of the Christian Trinity. The Holy Spirit underlies and empowers all the work of the particular spirits and is understood to be present in each of the particular powers of the angels and prophets. All work "in the spirit" is understood to be both an ongoing relationship with a particular spirit among many and a deepening connection with the Holy Spirit of God which is one. (p. 130)

According to Murphy (1994), possession is viewed differently in the two denominations. Revival Zionists receive messages from the band's "messenger" (spirit) while possessed. The leader is responsible for interpreting the message given. Pukumina followers travel to the spirit world and are led by one of the ground spirits known as "journey prophets" or "journey-men". Spirits that serve the bands require a yearly feast, including the sacrifice of a fowl or goat, as propitiation.

Once a person has been possessed by a spirit, she or he becomes affiliated with a personal spirit. Each spirit has a particular colour, food, drink, music and so forth associated with it,[9] much like the *orisha* in the Yoruba religion or the *loa* of Vaudoun, who have special colours assigned to them and communicate and interact only with specific people. The messengers function as intermediaries between the Holy Ghost and people.

The angel or biblical prophet who visits a person through dreams or visions becomes that person's guardian spirit. A lifelong working relationship is established in which the spirit guides the individual in spiritual discernment

and growth (Murphy 1994, 130). Once an individual begins to grow, he or she may work with more than one spirit, and "still other spirits may contact him/her too, for specific jobs of healing, obeah, or other major matters; the supernatural power consulted is propitiated with a sacrifice and a silver coin" (Seaga 1969, 9). Murphy (1994, 131) points out that working with the spirits is not just for an individual's personal fulfilment but also to "develop the gifts of healing and prophecy for the service of the community".

Murphy (1994, 144) describes the relationship of the community to the spirit world:

> Zion is a community of spirits, some visible and some invisible, differentiated only by those who lack the eyes to see. It is the community which offers salvation, deliverance from evil, and life everlasting. The "bad" duppies are those who lack community, who have no one to pray over them and no one to guide them into the everlasting life of Zion. The evil of the world is detected, neutralized, and even converted by the community of Zion. *Obeah* is detected by *myal*, the consciousness developed in community ceremony. Duppies "set" and shadows "caught" by obeah practitioners are liberated by the community of Zion. What is buried is made visible in the waters of life and the myal consciousness of the church service.

"Science" and obeah are both part of the healing rituals. The healers treat both psychosocial and physiological problems. The primary diagnostic technique used to determine a patient's problem is called a reading, which may be aided by the use of cards, a coin in a glass of water, bibliomancy or various other divining agents.

Obeah

Obeah is defined throughout the literature on Jamaica (early as well as recent) as a form of black magic brought to Jamaica by slaves from Africa. European colonialists interpreted obeah from within a racist framework filtered through their own negative concepts of European sorcery and witchcraft. They described it as a malicious form of witchcraft whose practitioners were capable of causing harm to others – slaves and whites alike – by using forms of magic, spells and poisons to achieve their ends. Edward Long (1774, 2:416) provides the first description of slaves' belief in the practice of obeah:

> They firmly believe in the apparition of spectres. Those of deceased friends are duppies; others, of more hostile and tremendous aspect, like our raw head and

> bloody bones, are called *bugaboos*. The most sensible among them fear the supernatural powers of the African obeah-men, or pretended conjurers; often ascribing those mortal effects of magic, which are only the natural operation of some poisonous juice, or preparation, dexterously administered by these villains. But the Creoles imagine that the virtues of baptism, or making them Christians, render their art wholly ineffectual; and, for this reason only, many of them have desired to be baptized, so they might be secured from Obeah.

Long also describes some of the protective charms provided to the slaves by the obeah-man: "Bits of red rag, cats teeth, parrots feathers, egg-shells and fish-bones, are frequently stuck up at the doors of their houses when they go from home leaving any thing of value within, (sometimes they hang them on fruit-trees, and place them in corn-fields), to deter thieves" (p. 420).[10]

Another detailed description of obeah was provided in a 1789 document titled "Lords of the Committee of the Council Appointed for the Consideration of all Matters Relating to Trade and Foreign Plantation" (Bilby 1993, 5–6):

> The Term "Obeah", "Obiah", or "Obia" (for it is variously Written), we conceive to be the Adjective, and "Obe" or "Obi" the Noun Substantive; and that by the Words "Obiah" Men or Women, are meant those who practice "Obi" . . . As far as we are able to decide from our own Experience and Information when we lived in the Island, and from the concurrent Testimony of all the Negroes we have ever conversed with on the Subject, the Professors of "Obi" are, and always were, Natives of Africa, and none other, and they brought the Science with them from thence to Jamaica, where it is so universally practiced, that we believe there are few of the larger Estates possessing native Africans, which have not One or more of them . . . The Negroes in general, whether Africans or creoles, revere, consult, and abhor them; to these Oracles they resort, and with the most implicit Faith, upon all Occasions, whether for the Cure of Disorders, the obtaining Revenge for Injuries or Insults, the conciliating of Favor, the Discovery and Punishment of the Thief or the Adulterer, and the Prediction of future Events. The Trade which these Wretches carry on is extremely lucrative; they manufacture and sell their "Obies" adapted to different Cases and at different Prices. A Veil of Mystery is studiously thrown over their Incantations, to which the Midnight Hours are allotted, and every Precaution is taken to conceal them from the Knowledge and Discovery of the White People. . . . In the year 1760, when a very formidable Insurrection of the Cormantin or Gold Coast Negroes broke out in the Parish of St. Mary, and spread through almost every other District of the Island; an old Cormantin Negro, the chief Instigator and Oracle of the Insurgents in that Parish,

> who had administered the Fetish or solemn Oath to the Conspirators, and furnished them with a magical Preparation which was to render them invulnerable, was fortunately apprehended, convicted, and hung up with all his Feathers and Trumperies about him; and This Execution struck the Insurgents with a general Panic, from which they never afterwards recovered . . . The Influence of the Professors of that Art was such as to induce many to enter into the Rebellion on the Assurance that they were to be invulnerable, and to render them so, the Obeah-men gave them a Powder with which they were to rub themselves.

Obeah, in the eighteenth and nineteenth centuries, was associated with slave revolts – for example, the Kromanti slave revolt led by Tacky in 1760, the "Baptist War" in 1831–32, and the Morant Bay Rebellion in 1865. Slaves believed that obeah gave them spiritual protection, which made them impervious to the white man's witchcraft.

In reaction to their fear of obeah and its association with slave revolts, the colonists enacted a series of laws over the years, beginning in 1760, preventing the practice of obeah. Following is an abridged version of 1826 laws of the Jamaica House of Assembly concerning the practice of obeah ([Senior?] 1835, 149–53):

> #61 That no owner, possessor, overseer, etc., shall permit an assemblage of strange slaves, or suffer any beating of drums, blowing of horns or shells, on the property of his charge . . .
>
> #84 That any slave practising obeah, with intent to excite rebellion, or to endanger the life or death of any other slave, to be punished as the court may direct.
>
> #89 That any slave found guilty of preparing poison, and their accessories, shall be punished at the discretion of the court.
>
> #90 That any slave having poison, or tools of obeah, in his possession, shall be punished at the discretion of the court.

These were followed by still other laws in 1898, which are thought by some to be the most effective anti-obeah laws (Seaga 1969), as there was a reported sharp decline in the practice of obeah. However, oppressive laws often drive movements underground, and perhaps this was the case here, as even more anti-obeah laws were put into force in 1938. Simpson (1956) noted that the 1938 laws were so comprehensive that they even threatened the practices of some of the religious organizations.

Christian missionaries of the eighteenth and nineteenth centuries, in their competition with African-Jamaican religious beliefs, went even further in

their distortion of the definition of obeah and classified all aspects of obeah as the work of the devil. These distortions are best exemplified by Banbury (1895, 7) who portrayed the obeah-man as "the agent incarnate of Satan".

Gardner (1873, 391–92) discusses the fate of obeah in light of the introduction of Christianity:

> The dread of Obeah killed many, as in former days, but the spread of Christianity gradually diminished the influence of the Obeah men, and the cessation of African importations reduced their numbers. Baptized negroes were supposed to be less subject to the power of magic arts . . . Where Obeah was practiced it was more secretly than before, and creole pretenders were never supposed to possess the same powers as their African predecessors. It was only by these latter that the mysterious rites performed under the shadow of the gigantic cotton-trees were celebrated. Many superstitions, originally brought from Africa, were modified and often blended, which had been introduced by Christian or Jewish colonists.

A closer examination of these and other writings of the eighteenth and nineteenth centuries reveals that obeah was not just "evil", but was actually a source of healing and protection used by slaves. Bilby (1993) argues that obeah is actually misrepresented in the literature of the past as well as of today. He attributes this in large part to the writings of Joseph J. Williams, a Jesuit missionary and anthropologist, who wrote *Voodoos and Obeahs* (1932) and *Psychic Phenomena of Jamaica* (1934). Bilby notes that Williams's theory of obeah is based on a false etymology in which he establishes a dichotomy between obeah and myal. He defines obeah as an inherently evil form of black magic or antisocial Ashanti witchcraft (*obayi*), brought by slaves to Jamaica in an unchanged form, and contrasts it with myal (practised by the *okon-fo*), a form of good magic, represented by a separate religious system, also a remnant of the Ashanti religion. Patterson (1967) also implies that a distinction between the two (obeah and myal) is fundamental to an understanding of the development of religion in Jamaica.

Bilby (1993, 3) points out that

> This erroneous theory, with its false dichotomization of obeah (which actually refers to morally neutral spiritual power) and myal (a term that originally denoted simply the state of spirit possession), provides the primary – indeed, the only – scholarly grounds for the continuing assumption that obeah is, and always has been inherently (or primarily) negative and evil.

Later writers took up the negative aspects of Williams's and Long's descriptions of obeah. They developed the depiction of obeah as a malicious and malignant form of black magic and continued to use various European descriptive terms to define it (Wedenoja 1978; Senior 1983; Robertson 1990; Murphy 1994). The definitions set forth by these writers, however, overlook the two fundamental characteristics of obeah:

> it involved the manipulation and control of spiritual entities (whether gods, spirits, or human ghosts), often by individuals who had acquired specialized knowledge in this domain; and 2) it was concerned primarily with divination, healing, and spiritual protection (although it was sometimes also seen as being amenable to abuse by those with malicious intentions, who could use these powers to harm others). (Bilby 1993, 3)

Alleyne (1988, 83) adds the point that "from the very inception [of the slave society], religion and rebellion became associated in a symbiotic relationship. The need to mobilize spiritual forces for resistance and rebellion probably contributed to making obeah more important than other elements of the slaves' religion."

Obeah-men and obeah-women were and still are today healers, protectors, diviners and advisors to people in their communities.[11] Morrish (1982, 40–41) points out that

> obeah is essentially a magical means whereby an individual may obtain his personal desires, eradicate ill-health, procure good fortune in life and business, turn the affections of the objects of his love or lust towards himself, evince retribution or revenge upon his enemies, and generally manipulate the spiritual forces of the cosmos in order to obtain his will.

Another term that is used in association with obeah, and yet in some usages remains distinct from it, is *science*. Early accounts in the 1800s referred to the "African" obeah-men who practised "science". Maroons also refer to their magic as science. They rely on the natural power of "weed" (wild plants with medicinal properties) both to heal and to injure. Maroons refer to the magic practised by *niegas*[12] as obeah. These practitioners tend to depend more on "magical oils, powders, candles, and other manufactured paraphernalia, and are seen as usually being evil in intent" (Bilby 1981, 80).[13]

Jamaicans in general also tend to differentiate between obeah and science, but in a somewhat different way. In this usage, the practitioners of science use various books, published by the DeLaurence Company in Chicago, to aid

them in their work. The most common books are *The Sixth and Seventh Books of Moses, The Great Book of Magical Art, Hindu Magic* and *Indian Occultism*. The government banned all of these books in 1943 under the Banned Publications Act. The more experienced science-men[14] use seals and rituals to invoke various spirits to do their bidding. In addition, various types of manufactured objects (powders, soaps and perfumes, for instance) and medicines found in drugstores[15] are used as part of their treatments, as well as bush teas and baths.

Practitioners of traditional obeah, by contrast, tend to use roots, herbs, blood, bones, feathers and other natural substances in their work. They are particularly feared because of their use of grave dirt and ancestral spirits (duppies). The science-man is felt to be more powerful than the obeah-man, but the latter is considered more dangerous because of his "knowledge of the grave". It should be noted, however, that many science-men and obeah-men use similar elements in their practices.

Belief in and fear of duppies are strongly linked with obeah. The Jamaican concept of a ghost or spirit of the dead is derived from the African belief that a person has two spirits. When a person dies, one spirit goes to heaven or hell; the other, the shadow, remains behind at the grave. According to Alleyne (1988, 86), in the belief system of myalism, man possessed, first of all, a spirit, which left him on the death of his body. It was this spirit that was believed to return to the ancestral land to dwell with the other ancestral spirits. This belief led to the absence of the fear of death displayed by many slaves. (In this sense, Christianity is similar to African religious beliefs since Christians, too, believe in the survival of a spirit after death and its journey to a "kingdom of the spirit".) The spirit was believed to hover for some days around the place of death or burial before it embarked on its journey. Hence, elaborate burial rituals were performed to appease or please the spirit and facilitate its journey. It seems that later, when Africa and the ancestral homeland began to fade in the immediate consciousness of Afro-Jamaicans and the spirits were no longer able to journey back to Africa, precautions were taken to placate the spirits of relatives and friends and to neutralize those of enemies. These spirits were known as *duppies,* and the term survives in Jamaica meaning "spirits that roam after death" (the idea of the journey back to Africa being apparently completely lost).

The other spirit, the shadow, belonged to living people. The obeah-man would catch this spirit and nail it or bury it beneath the silk-cotton tree. The owner would then rapidly deteriorate and eventually die if the shadow was

not restored. The myal-man's function was to pull the shadow from its imprisonment and ceremoniously restore it to the person in whom it once dwelled (Williams 1932, 135). Myal-men were also present at funerals to catch shadows and make sure that they were properly buried with their corporeal abode lest they bring harm to the family of the dead person.

At present, in Jamaica, there is little distinction in terminology and meaning between *duppy* and *shadow*, no doubt partly because the collective awareness that the ancestral homeland of spirits is located in Africa has been lost. Only the term *duppy* survives. The duppy is often considered the cause of evil and may be blamed for things that go wrong. Duppies are frequently mischievous, have unpredictable temperaments and may be either helpful or harmful. Duppies can wander at will (especially if not tied down at the time of burial, or otherwise propitiated or controlled) and can be very dangerous. A duppy that has become restless because of improper burial is particularly feared and guarded against. A duppy may also be captured by an obeah-man and "set" on a person, thereby resulting in illness (Morrish 1982; Senior 1983; Moore 1965, 1982; Payne 1991).

Publicly, the negative interpretation of obeah has successfully overridden the more neutral or even positive role that obeah plays in the health-care system. Persons of all classes will deny that they have any belief in, or association with, that "evil magic", "witchcraft" or "sorcery". Nonetheless, the findings from our fieldwork indicate that the healing aspect of obeah is still an integral part of the Jamaican folk medical health-care system, and that obeah practitioners are called on to treat not only illnesses with supernatural causes (see chapter 5) but also those with natural ones. In other words, from an earlier, or original, dialectical fusion of "good" and "evil", we see progressive dichotomization of the two forces and their control by practitioners, who are given different labels depending upon the intent of their work. This dichotomization is, however, by no means complete.

Myal

Myal, spirit possession (originally it seems to have meant "spirit"),[16] is the second aspect of the African-Jamaican belief system and ritual behaviour that has played a significant role in Jamaican religious development (Schuler 1979; Alleyne 1988; Morrish 1982).

The first recorded observation of myal was in the 1774 work of Edward Long, who documents the performance of a "myal dance" intended to per-

suade slaves that they would be invulnerable to the bullets of the white man:

> Not long since, some of these execrable wretches [obeahmen] in Jamaica introduced what they called the *myal dance*, and established a kind of society, into which they invited all they could. The lure hung out was, that every Negroe, initiated into the myal society would be invulnerable by the white men; and, although they might in appearance be slain, the obeahman could, at his pleasure, restore the body to life. The method, by which this trick was carried on, was by a cold infusion of the herb *branched colalue;* which, after the agitation of dancing, threw the party into profound sleep. In this state he continued, to all appearance lifeless, no pulse, nor motion of the heart, being perceptible; till, on being rubbed with another infusion (as yet unknown to the Whites), the effects of the colalue gradually went off, the body resumed its motions, and the party, on whom the experiment had been tried awoke as from a trance, entirely ignorant of any thing that had passed since he left off dancing. (Long 1774, 2:416–17)

This description provides evidence of the first religious organization in Jamaica, which resembled West African secret societies (Alleyne 1988, 85). The societies were headed by obeah-men, and myal (spirit possession) played a central role in their rituals.[17] Note, therefore, that at this stage, obeah and myal were not two different forces.

In 1784 a freed American slave, George Lisle, settled in Jamaica and founded the Ethiopian Baptist Church, also known as the "Black" or "Native Baptist" church. Moses Baker also came to Jamaica from the United States, and in 1787 was baptized by Lisle. In 1788 he went to preach at the Parish of St James, at the invitation of a Quaker. He became one of Lisle's most successful preachers. The teachings of Lisle and Baker were described as different from the orthodox Baptist teachings, and it was felt that they held "some peculiar views such as the washing of feet and anointing the sick" (Gardner 1873, 344). Baptism (by immersion) was allowed only for those followers who experienced spirit possession through a vision or dream that was induced after fasting and spending time alone in the bush.

Myal-men became strongly associated with the Native Baptist movement. They incorporated two basic elements of the Baptist faith into their belief system: the inspiration of the Holy Spirit (through possession and "dreams" experienced while in possession), which provided special protection against evil spirits, and baptism by immersion in the river (the dwelling-place of African spirits who could protect them, such as the river maid) (Schuler 1979,

68–69).

In 1810 laws were passed which forbade people of African descent to preach. Baptist missionaries from England were called to the island. But the slaves soon turned from the orthodox Baptist approach to the "Native Baptist" (which was labelled by the missionaries as a myalist movement). Gardner (1873, 356–57) wrote of the Native Baptists,

> Of the native Baptists it is not easy to say much; . . . But it is undeniable that the successors of Lisle and Baker were not men of the same spirit. With few exceptions, native Baptist churches became associations of men and women who, in too many cases, mingled the belief and even the practice of Mialism with religious observances, and who perverted and corrupted what they retained of these . . . Their leaders, or "daddies", as a class were overbearing, tyrannical, and lascivious, and united the authority of the slave driver with the darkest forms of spiritual despotism, of scriptural teaching there was little.

Although the Native Baptists perceived themselves to be Christian, their religion had come to resemble myalism, with an emphasis on personal interaction with spirits (Hogg 1964, 110). Bilby (1993, 31) nevertheless expresses the opinion that myalism "represented a 'new' Afro-Christian development rather than a resurgence of an older current in Afro-Jamaican religion".

In 1831 news of an anti-slavery movement reached the slaves, who believed that freedom had already been granted but was being withheld. This led to the "Baptist War" of 1831–32, which took the form of a work strike. Reprisals were brought against slaves and missionaries alike. There was an attempt by the Jamaican Assembly to form a "Colonial Church Union" to suppress further efforts of the missionaries. When the English Parliament became aware of the situation, they put an end to slavery in 1834, but with a six-year period of apprenticeship to follow, during which the slaves would work for the planters for wages.

After emancipation in 1838 (the apprenticeship having failed miserably), the myalist movement of the 1840s, which had incorporated some elements of Christianity, found many new converts who openly challenged the Christian missionaries. The myalist movement of this time "preached in prophetic and millennial terms" in which they described themselves as God's angels who were "clearing the land for Jesus Christ", which meant "eradicating obeah through special public rituals which only myalists could perform" (Schuler 1979, 72). We may note that at this point the splitting of obeah and myal was well under way.

Buchner describes the "Obeah War" or "Great Myal Procession" of 1841–42, which is referred to by some as the first Great Revival:

> In 1842, several Negroes on an estate near Montego Bay gave themselves out to be such Myal-men, and began to practice their heathenish rites openly and boldly. In an incredibly short time, this superstition spread through the whole parish of St. James, and the neighbouring parishes of Westmoreland and Trelawny; hundreds and thousands laid claim to the same distinction, or became the followers of these men. As soon as the darkness of evening set in, they assembled in crowds in open pastures most frequently under large cotton trees, which they worshipped, and counted holy; after sacrificing some fowls, the leader began an extempore song in a wild strain, which was answered in chorus; the dance followed, grew wilder and wilder, until they were in a state of excitement bordering on madness.
>
> Some would perform incredible evolutions while in this state, until utterly exhausted, they fell senseless to the ground, when every word they uttered was received as a divine revelation. At other times, Obeah was to be discovered, or a "shadow" was to be caught; a little coffin being prepared, in which it was to be enclosed and buried. . . . it was questionable, whether they had not really lost their senses altogether; their very features changed, so that it was difficult to recognize them again; they became haggard and distorted, and their eyes wild and glaring. A handkerchief tied in a fantastical manner around the head, and another as tightly as possible round the waist, distinguished them. Not only at night, but also even during the day. I have seen them sitting in hollow trees, singing their songs, or, running along the road with outstretched arms as fast as their feet could carry them, which they call flying. (1854, 139–40)

The myalist/Revival movements disturbed missionaries and planters alike. Restrictions were placed on the performance of the myal dance, forbidding its performance in public. However, the myalists would not stay down for long and within a few years they were once again performing the dance (see also Emerick 1916; Orr 198).

The 1840s and 1850s were troubled times in Jamaica. The country was plagued by disease and natural disasters, and the freed slaves had become disillusioned. In 1859 violent protests broke out in Westmoreland and Trelawny over unfair practices. It was at this time that Jamaican missionaries received news of a Revival movement in Ireland that was spreading to England and America. The Revival reached Jamaica in 1860 and is known there as the Great Revival. It began with the Moravian Church and spread rapidly to

Baptist and Wesleyan congregations. The Christian missionaries dominated the early part of the Revival. However, in 1861 the myalists and Native Baptists controlled the Revival, placing an emphasis on dancing, drumming, divination, visions and spirit possession (Hogg 1964, 141). Gardner (1873, 465) describes the development of the Great Revival:

> In 1861, there had been a very remarkable religious movement, known as "the revival". It commenced among the Moravians, and gradually extended to all parts of the island. Like a mountain stream, clear and transparent as it springs from the rocks, but which becomes foul and repulsive as impurities are mingled with it in its onward course, so with this most extraordinary movement . . . In too many districts there was much wild extravagance and almost blasphemous fanaticism. This was especially the case where the native Baptists had any considerable influence. Among these, the manifestations occasioned by the influence of the Myal-men . . . were very common. To the present time, what are called revival meetings are common among these people.

Today myal persists in the form of the Jamaican Revival religions. These Revival organizations are a continuum of beliefs, rituals and practices representing variations in the syncretism of the myal, Native Baptist and other non-conformist Christian practices of the 1900s. Most works on Revival identify the two ends of the continuum, Revival Zion (1860), the more overtly Christian sect, which is associated with the Holy Spirit and higher-order spirits, and Pukumina (or Pocomania)[18] (1861), the more African-based denomination, associated with invocation of lower-order and ancestral spirits.

Senior (1983, 113) describes the old Jamaican magico-religious cult of myal as being associated with the "obeah complex". However, we have seen that in later years, myal and obeah were placed in opposition to each other. As we said earlier, Bilby (1993, 28–29) attributes this to Williams's misinterpretation of myal based on his false dichotomy of myal and obeah:

> While the earliest writers were correct in perceiving a close connection between myal and obeah, they apparently did not grasp the precise meaning of the term myal. . . . [The meaning] has been maintained by present-day practitioners of all those varieties of Afro-Jamaican religion that have been least influenced by Christianity and have remained closest to ancestral forms. Among these religions are the Kromanti Play of the Maroons, Kumina and Gumbe Play. In widely-separated rural communities where these historically distinct religions survive (in the parishes of Portland, St. Thomas, St. Mary, and St. Elizabeth), the word "myal" can be glossed as "[state of] spirit possession . . . the same meaning is

shared by all of them".

Bilby may be attributing too much influence to Williams, since there is evidence in the historical literature that the perception of a distinction between obeah and myal predates Williams. In any case, there is little evidence that Williams was widely read in Jamaica. A quote from the unpublished 1939 field notes of Archibald Cooper, who interviewed an obeah-man about Williams's definition, is most revealing concerning the relationship of myal to obeah (from Bilby 1993, 32):

> I told [the obeah-man] how Williams had written a book on obeah, but that all he knew was from books. I said that Williams speaks of Obeah and Mial as being oppossed [*sic*] to one another – mial was to cure the bad effects of the evil Obeah. So I said what is the difference between them. He said, "You learn obeah from mial. All that mial is is that you dance with a duppy [ghost]. The dead person seize you and give you a message that tells you what to do. You can learn obeah from them that way. And obeah – it isn't always evil. I can do good with my obeah as well as I can do harm."

This is clearly a very complex issue, made more so by the fact that there are, on the one hand, the perceptions of the public at large, which interpret obeah negatively and even avoid the term; and, on the other hand, the self-classification of the practitioners themselves (see below, chapter 5). Alleyne (1988, 83–84) sums up the state of things as follows:

> From the very inception of the slave society therefore, religion and rebellion became associated in the symbiotic relationship . . . [which has] remained important throughout Jamaican history. . . . The obsession with obeah in White studies of Jamaican society is symptomatic of the inability and unwillingness of Europeans to understand the culture of Africans. However, the conditions under which slaves lived, in particular the ban on religious assemblies by slaves and the need to mobilize spiritual forces for resistance and survival, probably combined to make obeah more important than other elements in the slaves' religion. . . . Myalman and Obeahman are terms that emerged in Jamaica to describe religious and quasi-religious roles. . . . These roles are those of priest, and those that, in the literature on African culture(s), go under the names of "medicine-man", "witch-doctor", or "sorcerer". . . . As we saw earlier, though the priest and the medicine man are different from the witch doctor, and even hostile to him, still the three roles overlap. They overlapped both in Africa and in Jamaica too, in the sense that some people were in greater communication with and better able to manipulate

> the spirits and deities – qualities that are necessary for the playing of all three roles. . . . As we have seen, in Africa good and evil are not always clearly antithetical. This was even truer of Jamaica, where magic designed to harm members of the White ruling class and slaves loyal to them occupied the nebulous area between good and evil. Certainly the British viewed such magic as obeah (or "black magic", in the rather ironic terminology of Europeans). But for Africans, resorting to the power of spirits in order to resist slavery was a positive expression of religion.

In summary, several basic African concepts have influenced the African and African-Christian religions of Jamaica and play an important role in the

4

Aetiology and Illness

folk medical system today: (1) the temporal and spiritual world are united; (2) there is a hierarchy of spirits in which the most powerful are the furthermost removed from the living; (3) the living may be possessed by spirits (myal); (4) obeah (morally neutral spiritual power) is an integral part of healing services; and (5) ancestral spirits should be propitiated and honoured (Bilby 1993; Murphy 1994; Wedenoja 1978).

Natural, Spiritual and Occult Aetiologies

Foster (1976, 774) considers illness aetiology as the "primary independent variable around which orbit such dependent variables as types of curers, the nature of diagnosis and the roles of religion and magic". He goes on to say that "if we are given a clear outline of what a people believe about the causes of an illness, we can in broad outline fill in the other elements in that medical system. . . . The most important fact about an illness in most medical systems is not the underlying pathological process but *the underlying cause* [his emphasis]." Glick (1967, 36) had earlier made the same claim: "the most important fact about an illness in most medical systems is not the underlying

pathological process but the underlying cause". Foster (1976, 775–76) then presents two basic categories, which he calls "personalistic" and "naturalistic", that "seem to account for most (but not all) of the aetiologies that characterize non-Western medical systems".

A personalistic medical system is one in which disease is explained as "due to the active purposeful intervention of an agent which may be human (a witch or sorcerer), non-human (a ghost, an ancestor, an evil spirit), or supernatural (a deity or other very powerful being)" (Foster 1976, 775). In either case, "the sick person literally is a victim, the object of aggression or punishment directed specifically against him/her", for reasons that concern the patient alone (p. 775). Personalistic causality allows little room for accident or chance.

In contrast to personalistic systems, naturalistic systems explain illness in impersonal systemic terms. Disease is thought to stem not from the machinations of an angry being but rather "from such natural forces or conditions as cold, heat, winds, dampness, germs, and, above all, by an upset in the balance of the basic body elements" (Foster 1976, 775).

It will be seen that both categories are applicable *grosso modo* to Jamaica. Given the complex dynamic nature of Jamaican society and culture, it cannot be said that either causation system dominates the Jamaican folk medicine system. While there are specific illnesses and diseases that are assigned to each category, there are also those that may fall under both of the aetiologies. Choice of practitioner and therapy is related to aetiological beliefs falling under one or the other of these categories.

A further characteristic of Jamaica is that many individuals seem to be operating under dual systems of causality, vacillating between the naturalistic and the personalistic. As an individual comes under the influence of official biomedicine, he or she may shift between one aetiological category and the other. As aetiological beliefs underlie other aspects of the folk medical system, the person may correspondingly also shift from one practitioner (and thereby also from one treatment) to another, or use both concurrently.

We have seen the case of the middle-class, westernized woman who exclaimed (believed?) that she was pinched by a duppy, suggesting that relics of a personalistic aetiology are present everywhere. In another case, the husband in a middle-class family was struck down with an unusually severe and life-threatening illness. The wife remarked that she was quite surprised at the number of her friends (middle-class) who came to give her advice about which obeah-man or spiritual mother she should take her husband to, because

"the doctors don't know what they are doing". A young man attributed his juvenile diabetes to obeah. The father of another young man with whom he had had a fight had threatened him, saying that he would be sorry. A few days later he had fallen ill and, when taken to the hospital, he was diagnosed with diabetes. As there was no family history of diabetes, he was sure that the other young man's father had caused his illness through obeah. And there is also the case of a lady attributing a sore (ulcer) on her foot to her diabetic condition, but later in the interview claiming that the sore was the result of someone putting obeah on her. She came to this conclusion because the sore had not healed from the time that a mongoose had run over her foot, and she was convinced that someone had sent it. What distressed her most was that she could not figure out who would want to do that to her. This is another dimension of the duality mentioned earlier.

We are dealing here with two levels of consciousness related to two belief systems. A standard practice for persons operating this dual system is, first of all, to use widely known folk and home remedies, usually herbal. If the herbal therapy does not bring results and the illness becomes more serious, then the person will go to a biomedical practitioner at the government hospital or clinic, or to a private doctor. Finally, if the biomedical therapy fails to give the desired results, the last resort is to go to a spiritual or occult practitioner.

As Foster himself admits, this binary taxonomy leaves "many loose ends". Some illnesses fall outside this classification, while others are ambiguous as to their aetiology within the classification. In Jamaica, for example, "consideration" or "worries" are an important cause of illnesses such as "nerves", "madness", "stomach ailment" and "hypertension". Is this a natural, outside and chance condition? Or is it an intentional, personally directed action of an agent? It could be one or the other, and in the Jamaican folk medical causation system, it may be just that – one or the other. The naturalistic and personalistic aetiologies are part of a multi-level causation system in which the two categories may account for the same illness in the same individual – at different levels of the system, or in terms of two levels of consciousness (deep contrasted with surface), or in terms of public as opposed to private behaviour. We suggested earlier that this applies also to language behaviour and religious beliefs and behaviour.

Accidents, of course, constitute another cause within all aetiologies (Western and non-Western) and either lie outside Foster's classification or are ambiguous. It is, however, true that in the Jamaican aetiology, "accidents"

are often found to fall within the supernatural (personalistic) cluster. This suggests that they may belong to an occult sub-class. And insofar as they are viewed in some way as the manifestation of divine intervention, they may also belong to a spiritual sub-class (see later).

Foster suggests that his taxonomy belongs to non-Western medicine, but that is questionable, as Western medicine has its share of causes falling in the personalistic category. In the aetiology of many Westerners, illnesses are ultimately explained by the will (or the wrath) of God, and, similarly, many cures are "placed in God's hands", or God's intervention is formally sought through "faith healing".

A dramatic manifestation of this is in the reported reactions of people receiving news of a cancer diagnosis: "Lord, why me?" or "This is my cross to bear." And we should note that this, too, is part of a multi-level causation system in which an illness such as cancer may be attributed to more than one cause in a hierarchically organized system and may be attended by more than one type of therapy (chemical, nutritional, herbal or spiritual).

It is also increasingly the case that psychological factors (for instance, stress – called "consideration" in the Jamaican folk aetiology) are considered to underlie many illnesses (cf. stress as a causative factor in Western scientific and popular medicines). Foster is not confident about the aetiological classification of "emotionally explained illnesses". He is "inclined to view them as more nearly conforming to the naturalistic than to the personalistic principle" (1976, 776). But it can be argued that in some cases there is purposive action on the part of an agent intent upon causing sickness.

Western biomedicine falls into the naturalistic category, but it is not the only component of medical beliefs in Western societies. Gray (1983) found in her sample of North Americans that 5 per cent regarded their illness as "punishment . . . something that God sent to be endured". Snow (1974, 84) states that

> among Appalachian whites, the "wrath of God" may be the final explanation for sickness. Such illnesses may take any form but are often sudden and severe enough to give the individual time to reflect on his or her transgression. . . . Retardation in children is commonly cited as punishment to the parents . . . The punishment of the parent by inflicting illness, injury or death on the child is a common theme, and one which cross-cuts social class and educational level. One college-educated informant considers a younger sister's death from meningitis as a punishment to the father for "drinking and running around with women". The

> bacteriological aetiology was also fully understood but did not preclude the supernatural explanation as well.

In addition, there is the widespread belief among members of Western societies that, whereas the immediate cause of AIDS is the human immunodeficiency virus, HIV, ultimately AIDS is a warning to mankind, sent by God, to desist from fornication, promiscuity and homosexuality. This satisfies Foster's definition of a personalistic aetiology where disease is explained as due to "the active purposeful intervention of an agent . . . the sick person is literally a victim, the object of aggression or punishment directed specifically against him/her" (Foster 1976, 775). Note, however, that in the cases described above, we are dealing with a two-level system of causality.

Another aspect of the personalistic system exists in Western societies: the existence of a general causality system covering illness and other types of misfortune. Attitudes and beliefs expressed in statements such as "It serves him right", "He got what he deserves" and "He did not deserve what he got" apply both to illness and to misfortune in general and suggest a comprehensive explanatory system.

Hand (1980, 58) notes that

> a notion of the cause of disease common to both the primitive and civilised [*sic*] community is the infraction of [the] law [of God]. . . . It is for this reason that the confession of sins is considered a precedent to healing. . . . In Europe and America it is transgression against the laws of God and the moral code that exposes the sinner, not only to sickness and disease, but even to death, in accordance with biblical precepts.

Recognizing that these notions of personal accountability are by no means limited to the Western world, he continues (p. 57),

> They would appear to be universal in human experience. People are punished for their trespasses against their neighbours, for infractions of the mores of the group, or for impiety towards the gods and the ruling spirits. . . . Sickness and disease as punishment, in many societies, is thought to be inflicted by God or the ruling spirits and diviners.

Societies, then, differ not so much on the exclusive presence or absence of one or the other major aetiological category, but on the emphasis or relative dominance of one *vis-à-vis* the other, and, more particularly, on the assignment of illnesses to one or the other of the categories and on the particular

configuration of the levels of causality. Foster's categorization may thus be a classification of aetiologies rather than one of societies. As we suggested above, both categories exist in Jamaica and are embraced by all individuals with different emphasis and in different configurations.

Illness aetiology should be considered within the larger framework of the role of causality in the belief systems and world view of a people. Causality has been an issue in philosophy, but it has not often been used by anthropologists to characterize cultures. However, an important work by Minkers (1979) discusses theories of causality among the Akan people who, as we said earlier, contributed to the historical mainstream in the development of Jamaican culture.

In philosophical studies it is customary to distinguish between automatic determinism (or indeterminism) and extrinsic determinism. In one view, life is not bound by exact causal sequences, but rather is a process or growth in which the unpredictable, and therefore the uncaused, constantly occurs. In the other view, everything has a cause other than itself.

A related issue, which comes closer to our concerns in folk illness aetiology, is the treatment of states and events/processes. The languages of the world encode the distinction between static and dynamic situations in different ways. In English, for example, the progressive aspect of the verb is linked to dynamic situations; or, viewed from another perspective, it identifies a verb as expressing a dynamic event or process. Conversely, the progressive aspect cannot be linked with a verb denoting a stative situation (for example, "to know"; the form "he is knowing" is ruled out). This suggests that the English language recognizes inherent stativity that is incompatible with progressive aspect, and, conversely, inherent dynamism that can be linked with progressive aspect. States therefore can be conceived as separate from the dynamic events and processes which caused them. In fact, states in English are primary, and the processes which lead to them are secondary and derived, as is illustrated by "sick" (state) → "sicken" (event); "wide" (state) → "widen" (event); "thick" (state) → "thicken" (event); "large" (state) → "enlarge" (event); and "rich" (state) → "enrich" (event).

The Jamaican language is different from English in the way in which the grammar deals with this distinction between states and events/processes. Lexical items are not inherently coded as stative or dynamic and therefore are not, some of them, categorically ruled out for linking with progressive aspect. This suggests that the Jamaican language does not recognize inherent states, but rather that the stative versus event/process distinction is realized gram-

matically. States are not perceived neutrally or abstractly, independently of the events or processes that cause them. Thus the lexical item *sick* in the Jamaican language is not inherently a stative (as it is in English). It is not even primarily or exclusively an adjective in Jamaican. Forms such as *mi a sick*, "I am getting sick", show *sick* to be verbal, expressing a process/event rather than a state. In this example, *mi a sick* is completely analogous to *mi a ded*, "I am dying", and *di wata a bwail*, "the water is boiling".

It is, further, interesting to observe that the form *mi sick*, "I am sick", expresses both the completion of the process/event ("I have become sick", "I have been sickened", with agent implied) and the resultant state ("I am sick"). At an earlier stage in the history of Jamaican, *sick* was more patently a verb expressing an event/process, and the resultant state (equivalent to the English adjective) was probably expressed by a reduplicated form (as it is still today in Saramaccan, a historically related language spoken in Suriname by one Maroon group; see Alleyne 1988).

Over time the Jamaican language has moved, in some ways, closer to English (a process called *decreolization*), a movement which probably corresponds with a parallel movement in the world view of the people, in terms of which causality becomes somewhat modified. States may now be perceived independently of the events/processes which cause them. In the decreolization process, attempts are made to code states linguistically in a way that distinguishes them from the events/processes. Thus *mi a sick* will alternate with *mi getting sick*, "I am becoming sick"; and *mi sick* will begin to express unambiguously the state "I am sick", while the event/process will begin to be coded by *mi get sick*, "I have been made sick", "I have become sick". These forms, together with the Jamaican Standard English forms, enter into a system of "code switching" or "variation along the continuum".

Correspondingly also, medical aetiology has undergone and continues to undergo transformations, based on a reduction of the scope of ultimate causality and an extension of proximate causality. The linguistic and aetiological structures have reached the point where states such as illness may be expressed linguistically as present tense statives (analogous to English "I am sick") and where illness may be perceived as a state – that is, as having no particular causality which needs to be addressed before a cure can be provided. The situation is in transition, and to a large extent there remains some fusion of states and causes.[1] There remains a group of persons – basically rural, elderly, with limited contact with the modernizing influences of the urban sector – for whom states are not viewed independently of their causes,

and causes have to be addressed in order to provide a cure for illness states. Such persons may still consistently (that is, without code switching) encode states and events/processes linguistically in the same way. For other people, the situation is quite complex and in transition.

In summary, the Jamaican world view, which is in transition under the influence of Western modernization, retains a concept of nature not as a set of inert states but as a world of dynamic forces and processes. States are caused and are potentially explicable. Not only the "how" of illness causality (immediate or proximate causation) but also the "why" (ultimate causation) is important. Biomedicine focuses on the state of the illness (symptoms) with relatively little interest in how it happened, and prescribes cures for states. Folk medicine may focus on illness as an event and may therefore deal much more with agents and ultimate causes.

Aetiology in Jamaica

Beyond the classification offered by Foster, some refinements can be introduced. Mitchell (1978, 1984) and Watson (1984), in studies of the folk medicine of African-Americans of the US South, suggested that non-natural or personalistic illness may be further distributed into two sub-categories: (1) occult illness, which is caused by evil spirits and by the use of sorcery (employed by "root doctors" or "conjurers") or witchcraft; and (2) spiritual illness, which is the penalty incurred for sins or for breaking taboos, or which is "caused by God". Occult and spiritual illnesses affect both the physical and spiritual health of an individual (Payne-Jackson and Lee 1993).

This three-way division (naturalistic, spiritual, occult) provides a more complete construct against which to interpret the aetiology of Jamaican folk medicine. The need to recognize the two aetiological sub-categories of spiritual and occult appears most evident when we consider the classification of folk practitioners. An important sub-categorization of practitioner is based on the spiritual/occult distinction. This distinction began to appear in the developing separation of the myal-man, closely linked to a religious organization (myalism and, later, Revival), from the obeah-man, operating alone and without the support of a religious organization. Second, occult causality emerges as a very important level in the complex, multi-tiered folk aetiological system of Jamaica.

It is necessary to recognize levels of causality. The two categories proposed by Foster seem to correspond *grosso modo* to different levels of

causality perceived by Jamaicans. The naturalistic aetiology represents more immediate causes, while deeper-level causes belong to the personalistic aetiology.

As we proposed earlier, in the final analysis, personalistic aetiologies recognizing a causal agent are probably present in all societies, including modernized Western societies, and it would be necessary to study individuals to determine whether and how they have recourse to such ultimate causes as God and Satan. It is, therefore, not so much that societies have one or the other of the major categories, or that, as Foster (1976, 779) claims, "naturalistic etiological systems [have] single levels of causation", but that naturalistic causes belong to one level and personalistic causes belong to other levels, in a multi-tiered system present or available in all human societies. In all societies there will be at least some illnesses (especially the major ones) that require multi-level treatment involving immediate and deeper-level (including final, ultimate) causes, whereas others – the majority – require only nosological identification and treatment of symptoms.

Furthermore, in the Jamaican folk aetiology, there is evidence to suggest that an illness may belong to both major aetiological categories and that this has to be understood in terms of different levels of causation. It is the notion of different levels of causation that helps us to explain the different treatments and the different types of practitioners to which an illness may be referred by the afflicted person in the course of its incidence.

There are different ways to conceptualize these levels of causation, and there have been different terminological choices to refer to them. First of all, there is the immediate or proximate cause, which refers, in personalistic aetiologies, to the object used to carry out the will of the agent, who represents a deeper level of causation in the causal sequence or hierarchy. In a different terminological usage, the immediate or proximate cause is the instrumental – that is, the object used – while the agent is referred to as the "efficient" cause (Foster 1976, 778). Fainzang (1985, 196) suggests that "ultimate" could be replaced by "first" by virtue of the first position it occupies in the temporal order of causal sequence. But her example suggests, in fact, a three-level system: "the breaking of a taboo (first cause) can thus bring on the anger of a spirit (second cause) which then takes the form of a snake (immediate cause) which afflicts the victim".

Indeed, an even deeper level does seem to be required, in the form of an ultimate original cause, which in all cases would be God (or other relevant Supreme Being, or a spirit working on its behalf) or Satan or some other

malevolent power. In non-religious settings, "bad luck" would be the form that the ultimate cause would take.

Sindzingre and Zempléni (1981, 280) support the notion of the inadequacy of the two-level system of instrumental cause and ultimate cause, referring respectively to the means or mechanism (the effective cause) by which the illness is caused and to the "conjuncture or event explaining the eruption of the illness". They propose a three-tiered system of "cause", "agent" and "origin".

These three levels may be said to correspond (1) to the "what" and the "how" of the illness – that is, "what happened, what was used, how did it happen" (the immediate, proximate or instrumental cause); (2) to the "who/what" – that is, "who/what did it" (the efficient cause); and (3) to the "why" of the illness – that is, "why did it happen" (the final, ultimate cause). Peck (1968) expands this last level to stress the non-incidental, intentional and personal aspect: "Why did *this* happen to *me* at *this* time?"

We have seen that Jamaican medicine is historically the intersection of two main streams, with Western biomedicine in its different forms (Hippocratic and modern) being a strong influence, engaging persons in different forms and to different degrees. This creates a complex aetiological picture which is entirely consistent with the broader duality of the cultural system. Just as a person may publicly belong to the Anglican Church while at the same time being unobtrusively subject to spirit possession in belief and practice, a person may, in a first response, publicly attribute an illness to a biomedical cause (and therefore, as a first response, seek therapy from a biomedical practitioner) while at the same time privately believing in a supernatural cause and, in a later response, may seek therapy from an occult or a spiritual/religious practitioner.

A further feature of the folk aetiology is a complex relationship between good and evil. In Jamaica a binary contrast of good and evil is found throughout the personalistic aetiology. *Good* is associated with health, peace of mind, energy and feeling right. *Evil* (manifested in sin, envy or jealousy) is associated with death, illness and depression. While the occult, and, to a lesser extent, the spiritual aetiologies are usually associated with evil, a certain complexity has to be recognized, in that spirits and ghosts are capable of doing either good or evil. In fact, Satan may even appear as an "angel of light". From the spiritual point of view, God, the giver and preserver of life, can permit evil to befall an individual either for good or for punitive reasons. Job and the persecuted prophets and martyrs were stricken for the glory of God. Ignoring God's will and following one's own impulses and desires

weaken the divine protection against evil forces and leave the individual more vulnerable to temptations and sin, which sometimes result in illness. A common view is that "the hand of the Lord chastises" (Payne 1991, 152).

The folk aetiological system also splits the naturalistic category into two sub-categories: (1) the biomedical, and (2) the folk medical. Jamaicans consider germs, viruses and bacteria to fall within a "natural" aetiology. Natural illness in the folk system is also thought to result from an imbalance in the human system. As we suggested earlier, this imbalance may be in terms of the natural elements (heat and coldness); it may also be a condition of the blood.

Blood in Folk Aetiology

Variants of the humoral system formed the basis of the medical practices of the Spanish and British during the colonial period (Foster 1976). In the colonial medical system, health was maintained by keeping a balance (in terms of hot and cold, wet and dry) among the four humours in the body (blood, phlegm, black bile and yellow bile). The primary Hippocratic humour which is still recognized in the Jamaican folk medical system is blood, and a further balance between weak/strong, thick/thin, high/low, sweet/bitter and fast/slow is required for a person to maintain good health. For example, research among the Maroons, the descendants of escaped slaves who until recently lived in remote rural enclaves of African ethnic solidarity, revealed that a person with "high blood" was considered to have too much blood or that the blood "is not circulating in the head mole". "Low blood" meant that a person had an insufficient amount of blood. "Watery blood" is considered to be weak, while "thick blood" is strong. If a person becomes cold, then the blood becomes "thick" and "slow". According to one folk practitioner, a person with "weak blood" can feel it – "they feel like they have a cold" (Payne 1991, 150; Cohen 1973).

Tonics and purifiers are taken to keep the blood strong, thick and circulating properly. If the blood is circulating properly, "the body keeps heat all the while" (Payne 1991, 150). The blood can also become too hot, leading to hypertension and, in some cases, to diabetes and strokes. It is interesting to note that in Trinidad (as well as in Puerto Rico and Guadeloupe) the practice of taking substances (teas) to cool down the blood is more established than in Jamaica, where there are more substances to reduce sweetness in the blood when it is too sweet, to thicken it when it is too thin and to strengthen it when

it becomes too weak.

Blood Terms

Blood terms provide an instructive illustration of the aetiological complexity of Jamaican folk medicine. It should be noted that reciprocal relationships between blood terms (strong/weak, thick/thin, high/low, fast/slow,

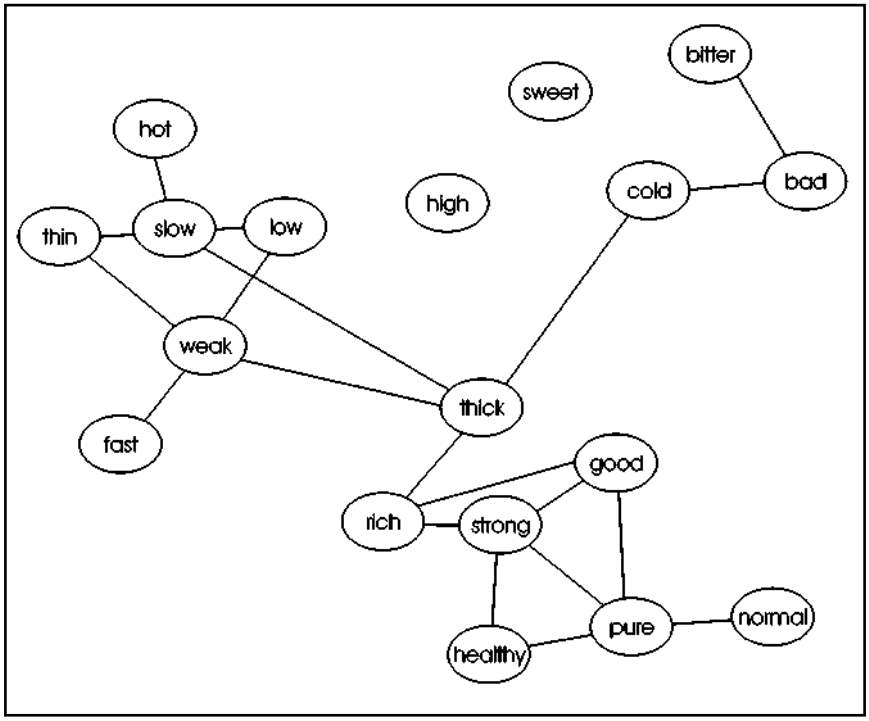

Figure 4.1 Primary relationships among blood terms

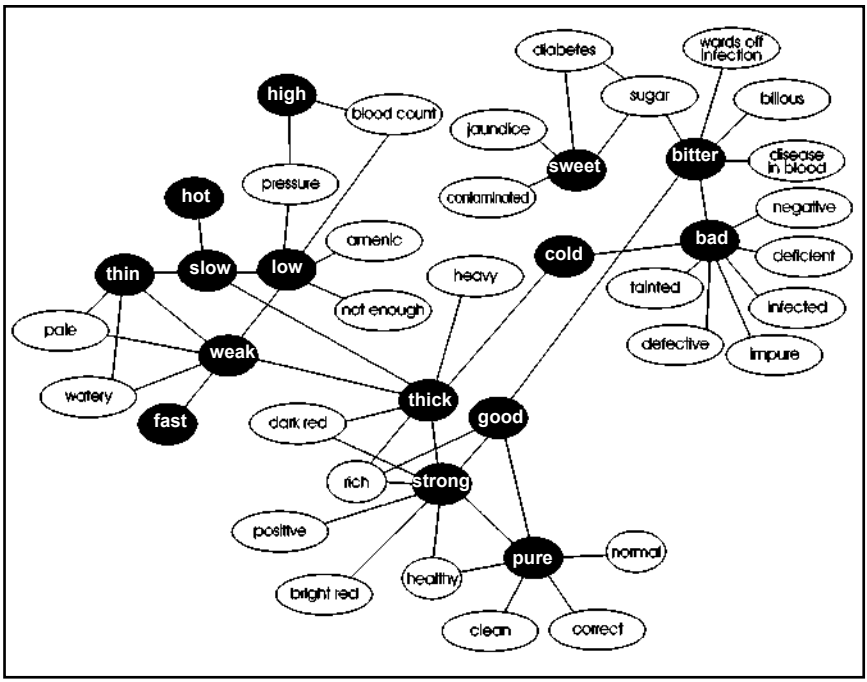

Figure 4.2 Primary relationships and secondary characteristics among blood terms

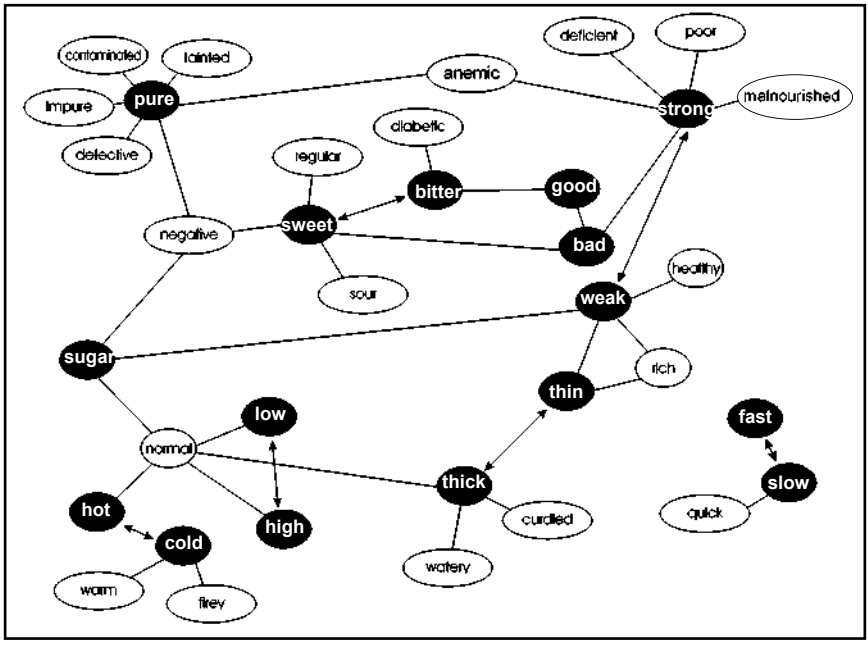

Figure 4.3 Opposite relationships among blood terms

hot/cold, sweet/bitter) still exist on a simple oppositional basis for all but the sweet/bitter contrast (see figure 4.1). Definitions of several terms indicate reinterpretation of folk concepts into a biomedical framework, while some terms and contrasts seem to be disappearing altogether (for a more complete discussion of blood and its relation to diabetes, see Payne-Jackson 1999). Figures 4.1, 4.2 and 4.3 provide schematic views of relationships among blood terms. Figure 4.2 demonstrates the primary linkages among basic blood terms. Figure 4.3 illustrates not only the primary linkages but also secondary linkages based on additional characteristics of blood terms. The summaries following the figures provide insight into the folk concepts of blood as perceived among Jamaicans.

Strong/weak blood: Strong blood is referred to as positive, healthy, pure, good, thick and rich, and is either bright red or dark red in colour. It wards off disease and helps cuts heal quickly. Weak blood, one of the opposite terms of strong blood, is characterized as pale, watery and thin. It is associated with the biomedical concept of a low blood count: cuts do not heal quickly, and blood circulation is poor. In a few cases, conflicting characteristics are assigned to weak blood: one respondent described weak blood as thin, and therefore it moves fast through the veins. Another respondent described weak blood as thick. Strong and weak blood are the two most widely recognized terms and most widespread concepts.

Thick/thin blood: Thick blood is more readily recognized than thin blood. However, most of the features associated with thick blood are shared with both positive and negative features of other types of blood. For example, the facilitation of clotting is associated with thick blood and cold blood, and richness in quality characterizes thick blood and strong blood. The negative qualities of thick blood are associated with impaired blood circulation as in weak or slow blood; and, for some, thick blood is also associated with illness.

High/low blood: High blood and low blood are not, for the most part, associated with the Maroon concept of too much blood or blood circulating in the head mole. High blood has been reinterpreted within the biomedical framework as high blood pressure or hypertension. Low blood tends to be reinterpreted as low blood pressure; however, the features of low blood count, anaemia and insufficient blood are also associated with it.

Hot/cold blood: The terms *hot* and *cold* blood reflect a considerable shift in meaning from their use in everyday language. A link between outside tem-

perature and hot blood is not evident. Rather, hot blood refers primarily to personality characteristics – that is, a person who is "ignorant", upset, ill-tempered or busy. In some interpretations, illnesses (virus, bacteria, diabetes) can cause the blood to heat up. Cold blood refers to a person who is wicked, unsympathetic, mean or cruel. In a few individuals, cold temperatures are linked to cold blood.

These latter notions recall the use in English of terms such as *hot-blooded* and *cold-blooded*, but the association of hot/cold with personality characteristics may also stem from West African notions on blood relatedness. According to the Ashanti, blood (*mogya*) is both a physical and spiritual factor which connects an individual to his/her maternal "blood relatives" (Morris 1994, 135). The matrilineal blood linkage represents the "forces of society", and thus "underpins outward social conformism" (Morris 1994, 136). This idea is found today in Jamaica in the belief that "kinship bonds are tied with blood incorporated into the body of a growing foetus" (Sobo 1993, 78). The difference between the Ashanti and Jamaican cultures in this respect is that blood is seen to link children bilaterally to their parents – that is, both the mother and father: "Blood ties physically compel children to act altruistically" towards parents and siblings, because they are "related by virtue of having incorporated blood from the same source or sources" (Sobo 1993, 78–79). The idea that blood confers social or antisocial actions is reflected in the comments of several Jamaican respondents – for example, "cold blood is caused by evil thinking", "cold blood means you are wicked", "cold blood means you are unsympathetic and mean" (Heinz, Ramey and Payne-Jackson 1997, 3–4).

Fast/slow blood: Fast blood and slow blood are not widely recognized terms. For those who do know them, they are interpreted in terms of blood flow and circulation. Fast blood flows through the body at a fast pace as a result of exercise, stress or tension. Slow blood circulation is associated with physical problems, such as the improper functioning of the heart or the thyroid, and diet. The terms *fast/slow* and *hot/cold* refer to qualities of blood, which seem to be more dependent on environmental factors or outside conditions as a stimulus. For example, the blood becomes hot because of exercise or anger.

Two additional blood terms are recognized: *pure blood* and *bad blood*. Pure blood is described as good, strong, normal or healthy blood. It is disease-free, or clean. Bad blood is described as infected, tainted, negative or impure blood. In earlier times, bad blood was associated primarily with venereal dis-

ease. However, today the definition appears to be broadening to include other illnesses, especially those that "contaminate" a system. When asked whether diabetes is "bad blood", one response, which reflects the definitional change, was: "Not all diabetics have bad blood, it's only bad when the blood goes brick."[2]

Figure 4.1 reveals no connection of the terms *high blood* and *sweet blood* to other blood terms. The lack of linkage may be the result of the reinterpretation of *high* in biomedical terms of pressure, and *sweet* in terms of sugar or diabetes. This becomes more apparent in figure 4.2 when secondary characteristics are factored in. Pressure and blood count are both associated with high as well as low, while sugar, diabetes and sweet blood are linked. In addition, sweet blood is considered to be "contaminated with sweets" and can also be the cause of jaundice.[3]

Diabetes and Blood Terms

A further complexity is seen in the interpretation and reinterpretation of blood terms, particularly those that refer to diabetes. Three terms are associated with diabetes and blood: *sweet blood*, *sugar* and *diabetes*. In the folk aetiological and semantic systems, sweet blood,[4] in its simplest form, is a condition resulting from eating too many sweets and is detectable if a person urinates on the ground and "ants swirl around it", if pimples come out on the body, or if a person is "bilious".[5] Sweet blood can develop into "sugar" if one eats too many starchy foods and follows an improper diet; sugar is detectable in blood tests. Sugar can also be caused by a breakdown of the pancreas, or it can be inherited.

The terms *(high) sugar*, *sweet blood* and *diabetes* are often used interchangeably. However, some people differentiate between sweet blood (derived from the Hippocratic humoral theory) and sugar or diabetes (part of the knowledge transmitted by modern biomedicine). Some individuals further differentiate sugar from diabetes, labelling the latter as a high level of sugar in the blood, or as a case where the "sugar goes brick". One respondent interviewed described it as follows:

> Diabetes is an advanced stage of sugar, because sugar is always in the body. You must have sugar in your blood at all times. . . . So when the blood more advanced, the higher the count; that is when you develop diabetes. . . . That's why people say, diabetes just creep up on you, sugar just creep up on you, but it was there

long ago and the sugar keep raising.

Those who maintain the conceptual separation between sweet blood and sugar/diabetes are more likely to take bitter medications such as Dr King Sulphur Bitters, rice bitters (*Andrographis paniculata*), cerasee (*Momordica charantia*) and sinkle bible (*Aloe vera*) to "cut" the sweetness of the blood. Biomedical therapies (exercise, diet and prescription medication) are the primary treatment forms for sugar/diabetes. Those, however, who have fused the concepts of sweet blood and diabetes see diabetes as an extreme form of sweet blood. Such persons, when told that they are diabetic, begin taking the bitter folk medications and either alternate folk and biomedical treatments or use the two types of medicines concurrently.

Both sweet blood and sugar/diabetes share the opposite features of bad blood and negative blood, while sweet blood has the additional opposing features of sour blood, regular blood and pure blood. The opposite of sugar/diabetes is "no sugar in the blood". While bitter blood is not recognized as an opposite of either sweet blood or sugar/diabetes, sweet blood is mentioned as an opposite for bitter blood, as is diabetes. In general, most people do not recognize the term *bitter blood* and cannot define or explain it.

Folk concepts do not disappear on encountering a modern biomedical concept; rather there is a reinterpretation and fusion. In the case of sweet blood and diabetes, the symptoms are similar – itching, tiredness and sores that will not heal. However, these symptoms together with rapid weight loss also fit the supernatural occult category of causes and lead in some cases to occult therapies (obeah) being added to the list.[6]

Diabetic persons associate a wide variety of factors with causes of diabetes: hereditary factors (called "family sickness"), lifestyle factors ("too much sweet food which sweetens the blood") and biomedical factors (breakdown of the pancreas), as well as spiritual and occult factors. Patients who have attended diabetes clinics many times and received counselling from biomedical practitioners are well aware of the biomedical causation and treatment. But they may still hold on to the folk causation. One patient explained it this way: "I am not saying that I don't believe in it [insulin injections], but Jesus first and man behind." She admitted to relying on herbal treatments and prayers: "The herb is the healing of the nation; it can do all things. The pill is artificial. I pray that the Lord could allow me to see a bush. Lord, I will take you as the pill. Anything the pill can do, you can do." But at the end of the consultation she appeared to come to some resolution to accept the bio-

medical therapy and put aside the folk.

Reinterpretation begins with individuals grappling with the two aetiological systems and working out in their own minds how to integrate them conceptually and behaviourally. Beliefs may be drawn from several sectors. For example, there is a widespread antipathy to foods whose production has been assisted by chemical fertilizers or processed animal feed. According to several respondents, these fertilizers increase the size of the food product and cause it to mature unnaturally, and also reduce its nutritional value. Some people – Rastafarians in particular – avoid eating such foods as eggs, chickens and yams produced with artificial additives. This may be integrated into the folk aetiology. Chemical fertilizers contain acids and are hot (for example, they burn plants). Consequently, fertilized food makes the blood hot, and, if it is not cooled down, this can have side effects such as itchy skin and rashes and may lead to more severe problems such as pressure, diabetes and strokes.

A Folk Classification of Illness and Aetiology

What follows is a more detailed classification of Jamaican folk aetiology and related illnesses based on the field study of eight communities. The communities studied represent a wide variation both geographically and ecologically: Hagley Gap (high Blue Mountain), Woodside (low mountain), Treasure Beach/Newell (low coastal plain), August Town (urban satellite), Chapelton (low central mountain, small, rural, urbanized), St Margaret's Bay (north coast), Accompong Town (cockpit country) and May Pen (central plains).

To elicit the insider's, or emic, perspective of the cultural domains of illnesses, aetiology, practitioners and treatments in Jamaican folk medicine, we used several methods from cognitive anthropology. Free listing is a method used for determining the parameters of a cultural domain. For example, respondents were asked to list all of the illnesses commonly found in their communities. Data collected from the free listing were used in the next steps – pile sorts and taxonomic trees. For the pile sorting, respondents were given a stack of cards with terms elicited from the free listing and asked to sort the cards according to which items were most similar to one another. Once the cards were sorted, respondents were asked why they grouped each stack of cards as they did. The results from this procedure were then used to produce

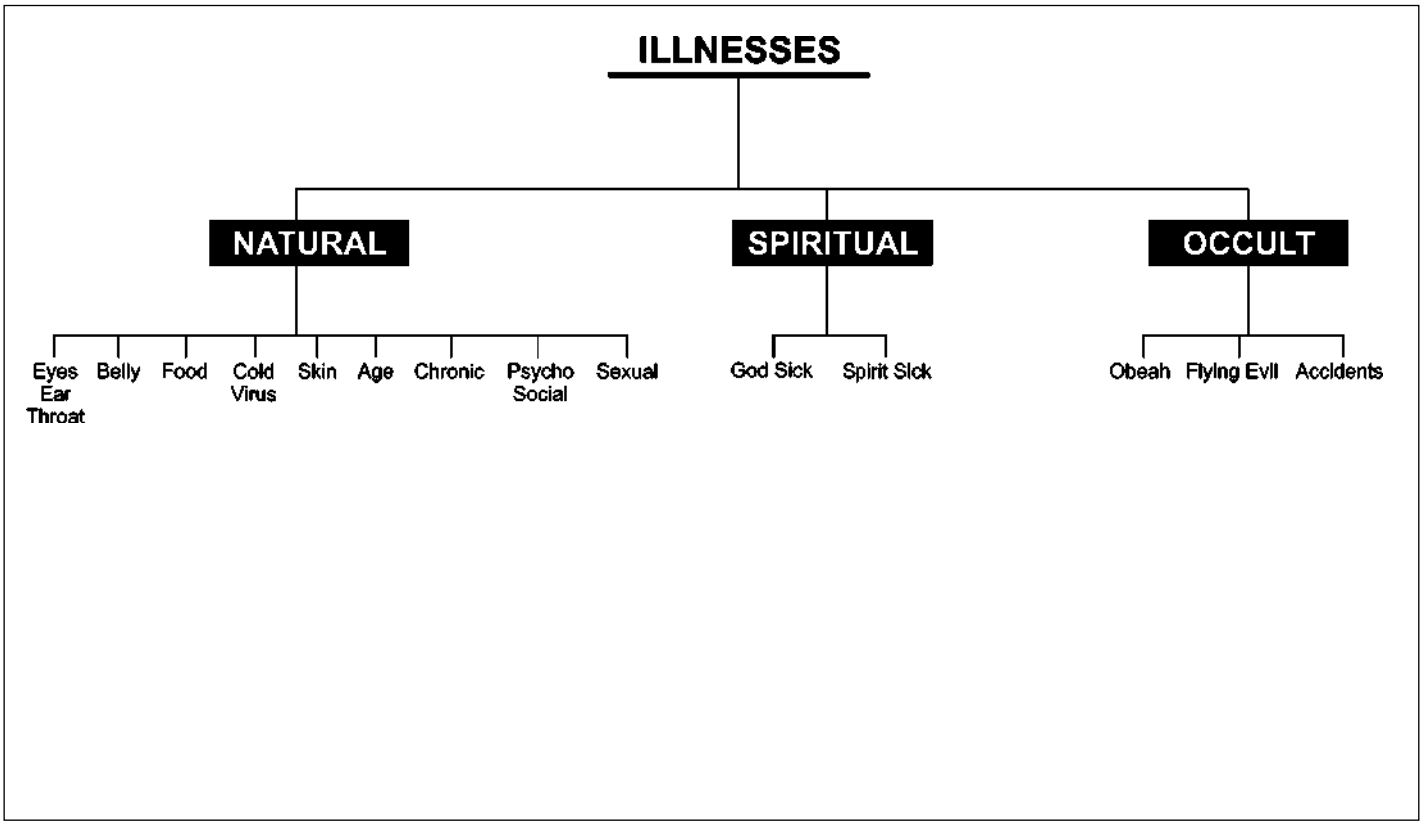

Figure 4.4 Illness categories in Jamaican folk medicine

taxonomic trees and multi-dimensional scales. The labels used reflect the terms used by respondents to describe what the different terms in each cluster had in common. This chapter examines the results for illnesses and aetiology. Subsequent chapters examine the results for practitioners and treatments.

Folk Classification of Illnesses

The classification of illnesses falls into three categories: natural, spiritual and occult. As indicated in figure 4.4, the majority of the illnesses identified by the respondents were associated with a natural aetiology (folk and biomedical).

Natural Illnesses

Sight problems were a fundamental concern. *Dark sight*, *dark eye*, *bad eye*, *cataracts*, *glaucoma* and *pink eye* were the terms most frequently mentioned for conditions associated with eyes. Headaches also tended to be associated with eye problems. Most people did not have access to dental care, and toothaches were common.

Stomach ailments, the largest category of complaints, revealed many terms specifying stomach disorders. Folk terms referring to stomach disorders included *belly ache*, *belly pain*, *belly sick*, *pain in belly*, *belly hurting*, *belly trouble*, *cold in belly*, *sour belly*, *running belly* and *bad belly*. Worms, gas and vomiting were directly linked to stomach problems. Biomedical terms denoting stomach ailments included *ulcerated stomach*, *bilious*, *gastroenteritis* and *diarrhoea*. Some stomach illnesses were associated with inappropriate eating habits – for instance, *molly gripe* and *fluxed complaint* (overeating a wrong mixture of foods) and malnourishment (low feeling and weak blood) – and with food poisoning.

Illnesses affiliated with cold and virus were fever, flu, cold, asthma, pneumonia, bronchitis, lung problems, relapse (a return of an illness) and sinus. Sinus problems, in turn, were linked to teeth problems, cold in belly, cold in blood and headaches.

Skin-related problems represented the second-largest set of complaints and included leg and foot problems – leg sore, bad foot, sore foot, swelling; lesions – boils, sores caused by sexually transmitted diseases, cuts, abscesses,

bruises, lashes, [machete] chops, rashes (some attributed to bile imbalance), bad skin, chicken pox, mumps, and measles.

Age-related illnesses were referred to as *deep sickness, God sickness, natural sickness, old age* (which included flesh pain and muscle pain), *arthritis* (which included back pain and joint pain), *growths* and *cysts*.

Chronic illnesses included *pressure* and *sugar* (which were always clustered together), *heart problems* (shortness of breath), strokes, *nerves, bad blood*, cancer and tumours.

Psychosocial problems or illnesses were concerned primarily with madness, which could result from *woman problem*, sexually transmitted diseases or stoppage of water, nerves, headaches, stress, nervous breakdown and fits. Most of these were directly linked to economic depression and poor living conditions.

Sexual problems referred to *big seed*, *blocked tube*, *stoppage* (of water), venereal disease or sexually transmitted diseases (pressure was linked with these) and *woman problem*.

Spiritual Illnesses

Spiritual illnesses include God sickness, deep sickness (usually associated with chronic illnesses perceived to be sent by God and that only God can cure – for instance, pressure, sugar, cancer and arthritis) and spirit sickness, which includes duppy sickness, spirit sickness, spiritual lick/lash/blow and spiritual trouble.

Occult Illnesses

Occult illnesses associated with obeah include spiritual lick/lash/blow, and *flying evil*, which is associated with science and DeLaurence (an occult-based organization in Chicago). Psychosocial problems include madness and nerves, perceived to be the result of intentional intervention through sorcery or witchcraft. Some accidents, for many Jamaicans, are associated with obeah and do not happen by chance.

Folk Classification of Illness and Aetiology

Illnesses and aetiology in Jamaica can be classified as natural (folk and biomedical), spiritual or occult (see figure 4.5).

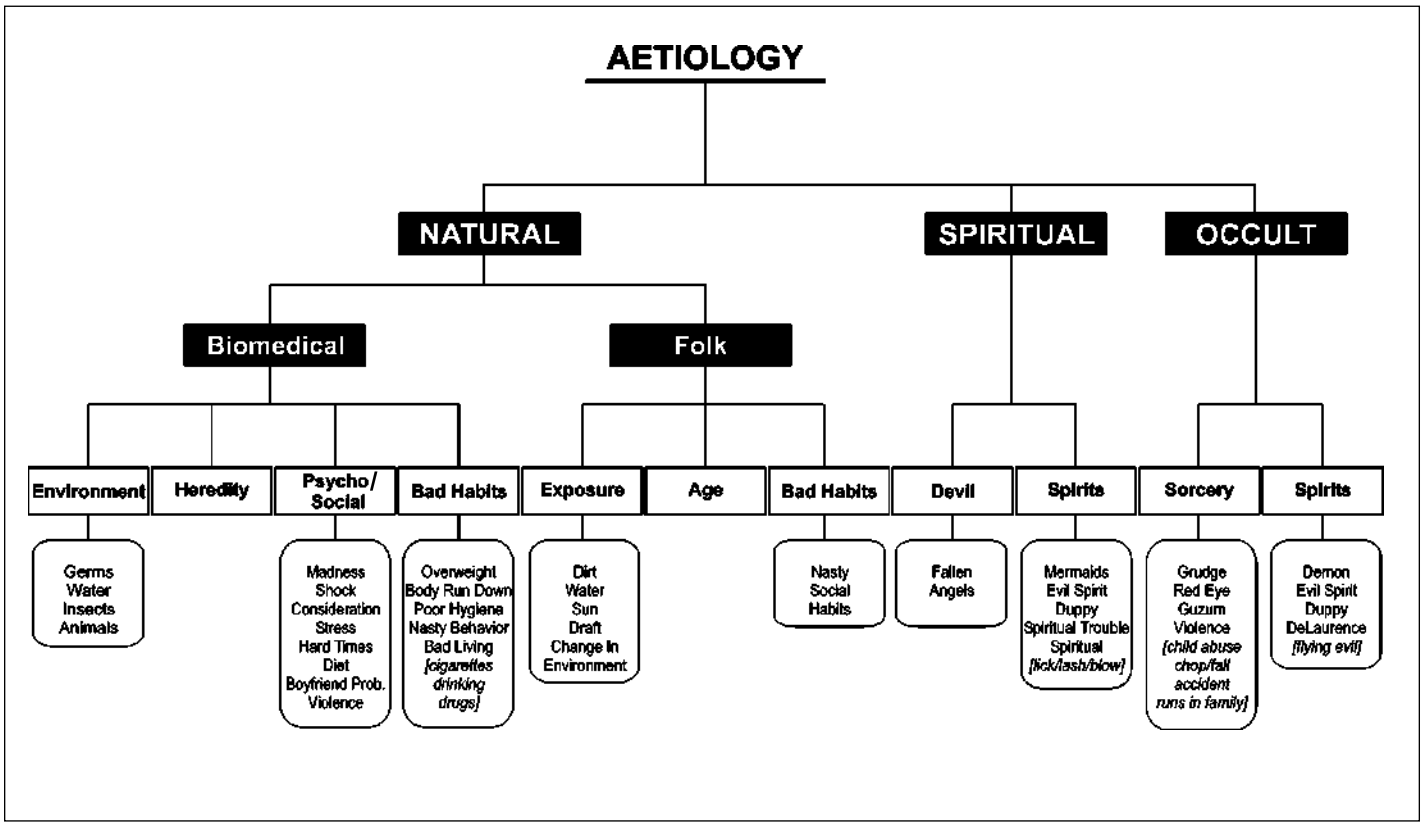

Figure 4.5 Aetiology categories in Jamaican folk medicine

Folk environmental aetiologies have the greatest perceived effect on health. Illness can result from exposure. An individual may be exposed to natural elements such as air (wind and draft), sun, water (rain and night dew), dirt (dirt, dust and marl), and change in environment, such as hot then cold, too much heat, or too much cold. "Nastiness" is a personal cause of illness. Old age causes illnesses due to "time come", weak blood, malfunction and God sickness (a folk descriptor usually associated with some types of chronic illnesses and which crosses over into the spiritual category).

Biomedical aetiologies are also linked with environmental causes, such as germs (dirty things, viruses and so on), water (dirty water, bad water, no water), insects (flies, mosquitoes) and animals (rats, cats and others); psychosocial causes, which include illnesses that result from economic depression and are associated with mental causes (stress, consideration, shock, madness); and physical causes, including overwork, hard times, not eating right, hunger and heredity. Bad habits are seen as a primary source of illness and include two sources: personal causes such as poor hygiene, overweight and allowing the body to get "run down", and social causes including bad living (drugs, cigarettes and drinking, and nasty behaviour such as "sleeping around") and "nastiness".

Spiritual aetiologies attribute illnesses to Satan, God, duppies, evil spirits, spiritual trouble and spiritual lick/lash/blow. This category overlaps with the occult and psychosocial categories under occult and natural illness. Duppy sickness may result from an obeah-man setting a duppy on a person (occult) or a person accidentally bumping into a duppy (spiritual). In addition to duppies, there are other types of evil spirits that can attack a person. "Consideration", stress, fright and hard times are sometimes perceived to be spiritual tests and, therefore, may be classified as such.

Occult aetiologies fall into three sub-categories: (1) obeah, which includes duppies, demons, evil spirits and DeLaurence flying evil; (2) personal or individually initiated actions, including *guẓum*, *red eye* and *grudge*; and (3) violence or events perceived to be caused as a result of sorcery or witchcraft, such as accidents, falls, machete chops and child abuse.

As mentioned above, "duppy sickness" occurs under both the spiritual and occult aetiologies. According to the general Jamaican belief system, a person has two spirits. When death occurs, the soul goes to heaven and the shadow, or duppy, remains behind in the grave.

While all duppies are to be feared – male, female, pickney (child), *rolling calf* (duppy with the head of a cow and body of a man) – the most feared

duppy is the *coolie* duppy (that of an [East] Indian obeah-man). A duppy may be called up from the grave by an obeah-man or an individual and sent out to a particular person to cause illness or death.[7] Some report that death is caused by the duppy sucking blood out of the victim. Perpetrated duppy sickness is considered to be worse than if an individual accidentally bumps into a duppy, although both can result in death. Cohen (1973, 57–58) found that a duppy might become restless and begin to wander the earth for evil purposes if a burial has not been properly conducted.[8]

Cohen (1973, 90) and several people whom we interviewed describe duppies as "hot" because they "travel with fiery winds". If a person accidentally bumps into a duppy, he experiences a sudden hot flash or warm feeling, because "it blows hot breath on you which causes you to be sick".[9] Another person noted, "You can feel the heat of a passing duppy and you draw it into you. Some people vomit, the body feels sick, you feel dead. You need to go to a seer." It was the consensus of people interviewed that only people "weak in spirit" can be affected by duppies. Duppy illness strikes without warning and for no apparent reason. It can manifest itself as madness, convulsions, fits, leprosy and strokes (Payne 1991, 151–52).

A questionnaire was developed to determine what were the perceived causes of illnesses found in communities. Questionnaires were administered in six of the eight communities. Accompong Town and May Pen were not included as they were not part of the study in 1991–92. The overall results of the questionnaire for all six sites revealed that environmental and psychosocial causes are widely recognized as major contributing factors to illness in Jamaica. They were the first, second and third choice of perceived aetiology for the majority of the selected illnesses. Occult aetiology accounted for 14 per cent to 16 per cent of the causes. This indicates that the occult factor in the folk medical system is also an important, but diminishing, contributing factor in aetiology. Spiritual causes were not among the top three choices for any category.

Hagley Gap had the highest percentage of illnesses perceived to be caused by occult factors, 40 per cent. This may be correlated with the remoteness of the community and the lack of access to medical facilities. Hagley Gap also has a strong tradition of spiritual healing owing to a nationally renowned spiritual healer who has been dead for some time but whose influence is still very present in the community. Chapelton and Treasure Beach/Newell have the highest percentage of illnesses perceived to be caused by environmental factors (including biomedical and folk), 50 per cent. Both communities have

good access to medical facilities. St Margaret's Bay and August Town, which are both very depressed areas, are almost evenly divided between environmental and psychosocial factors, with August Town showing a 25 per cent occult factor. In Woodside psychosocial factors accounted for 50 per cent of the perceived causes of illnesses. This may be partly attributed to the fact that it is a retainer community, consisting primarily of elderly people and children.

Aetiological beliefs underlie other aspects of the folk medical system. They are, for example, the principal factor in choice of practitioner and choice of therapy. However, domains within this system are not categorical. As we noted earlier, many individuals seem to be operating dual or multiple systems of causality, vacillating between naturalistic and personalistic. As an individual comes under the influence of the official legal system, he or she may shift between the aetiological categories. Correspondingly, the person may also switch from one practitioner (and thereby from one treatment) to another. One of the further goals of this research is to establish the sequence that an individual observes in consulting particular practitioners, for which

5

Folk Medical Practitioners

the motivating factor may be shifts in aetiological perception (see chapter 5).

In summary, the divisions of naturalistic, spiritual and occult are not entirely discrete in Jamaica. Overlaps occur as the folk medical system moves along a path following modernization and the aetiological emphasis moves from the occult through the spiritual to the naturalistic. This movement conforms to the general historical evolutionary path of Jamaican culture and is somewhat represented today in the variation among the six sites studied in 1991–92. It shows the diminishing role of the occult. It manifests itself in the terminology of illness and of the human anatomy, which, as we have seen, tends to become less "folk" and more scientific in the urban areas and with exposure to biomedicine. One factor determining the level of reliance on biomedical practitioners will be the degree to which, in the world view of Jamaicans, perceptions of causality evolve within the context of modernization.

The general course of illness treatment in Jamaica often begins with family or self-treatment with either bush teas or over-the-counter drugs. In addition, there is often a person (or persons) in the community able to advise on some form of herbal therapy, especially in the case of minor, non-life-threatening ailments. If this fails, a tacit "social rule" in Jamaica requires a person to con-

sult the biomedical doctor as the next step in seeking help. Folk practitioners generally concur with this rule, perhaps in part as a precaution against possible accusations of malpractice and/or obeah, and perhaps also as a means of demonstrating their own powers and abilities to diagnose and treat problems. If the biomedical doctor does not succeed in treating the problem to the satisfaction of the patient, then a bush-doctor or a spiritual mother or an occult healer is sought out, depending upon the perceived aetiology of the illness. In order to confirm a supernatural aetiology, patients may well follow the therapeutic path through biomedicine. Confirmation of spiritual or occult causes occurs after repeated visits to the doctor and extensive testing yield no diagnosis of what is troubling the patient. And, as we saw in chapter 4, a multi-tiered system of aetiology exists in Jamaica, and this leads to several categories of practitioners being consulted (as well as several types of treatments being used), sequentially or simultaneously.

Two factors prevent the categorical observation of the tacit social rule of consulting the official medical doctor first. First, consulting a doctor may not always be feasible, either financially or logistically. In the introduction, we suggested that remoteness from official medical facilities and the current high cost of official medical care are important factors contributing to the prevalence and tenacity of folk medicine in Jamaica. Second, there is the important aetiological factor. If an illness is perceived to belong to the spiritual/occult aetiologies, the medical doctor is not considered to have the ability to treat it.

The results of the research undertaken for this book show that consistently, across all of the communities visited, the medical doctor was the practitioner perceived to be most effective in treating 88 per cent of the eighty-two illnesses listed in the questionnaires, excepting those that were classified as either spiritual or occult illnesses – in particular, duppy sickness or spirit sickness. The second choice of practitioner for 55 per cent of the illnesses was the occult healers, who were usually perceived to be at least "likely" to be able to treat the illnesses. The fact that the occult practitioners receive such high ratings indicates a strong confidence in their abilities to heal and supports the thesis presented by Bilby (1993) that obeah has historically been a positive force in the area of health care.

The basic picture of the relationship between aetiology and practitioner is illustrated by the following simplified formula. If an illness is perceived to be caused by natural means – for example, exposure to the elements or imbalance in the blood – a naturalistic practitioner (such as a herbalist) may be consulted. If an illness is perceived to be of a spiritual nature, then spiritual

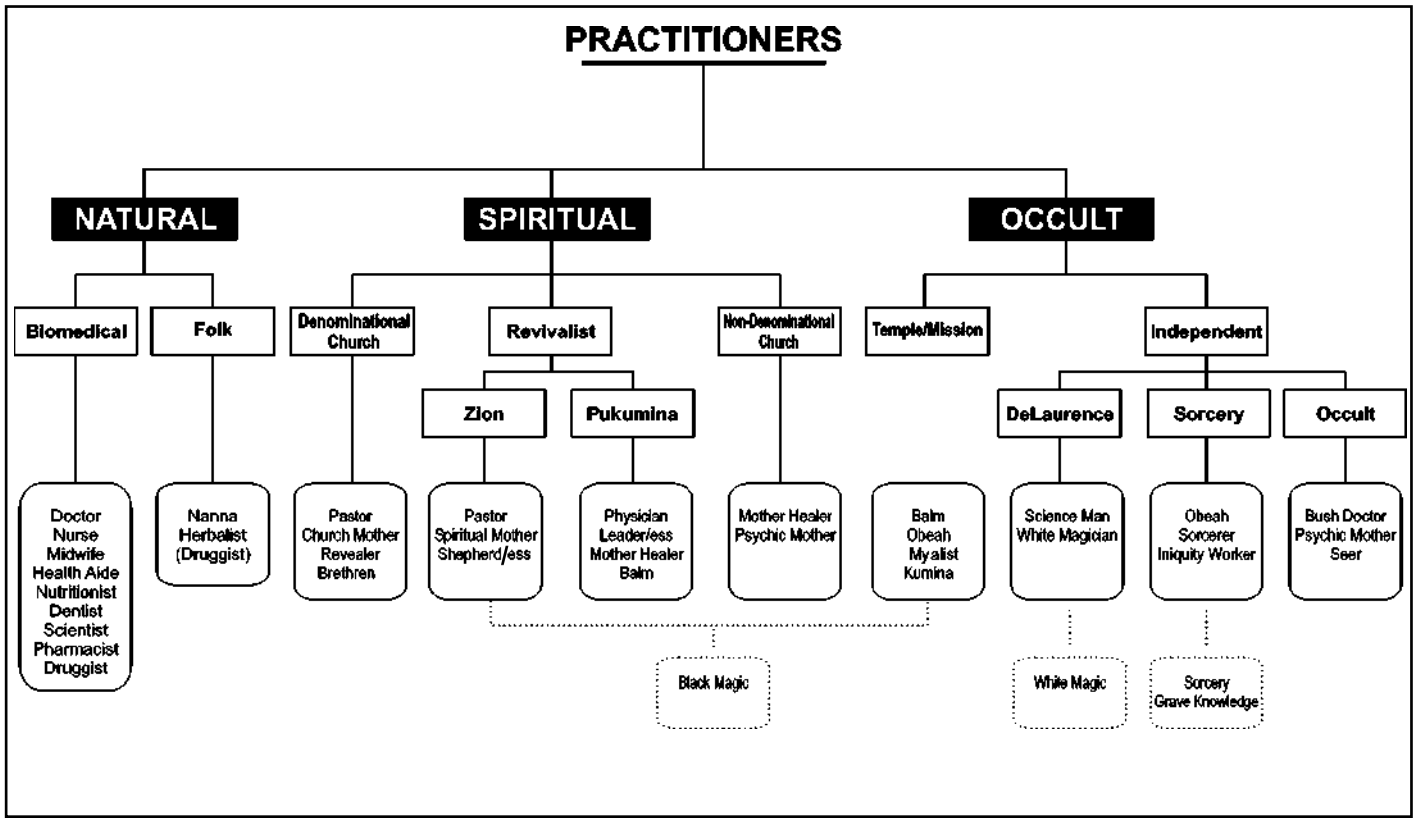

Figure 5.1 Practitioner categories in Jamaican folk medicine

healers associated with balm-yards or Revival or denominational churches are sought out. Illnesses thought to be caused by sorcery, witchcraft or obeah require that the patient go to an obeah practitioner or "science-man" (Cohen 1973; Wedenoja 1989; Payne 1991; Vest 1992; Bilby 1993).

Beyond this basic formula, it is necessary to examine which practitioners are associated with the different aetiological categories; which illnesses are most likely to be treated by these different practitioners; and how a classification of practitioners might be constructed. This chapter attempts to establish a classification of practitioners utilized by Jamaicans, in order to arrive at a better understanding of their places and roles within the health-care system.

Classification of Practitioners

As noted above, practitioners providing health care to the people of Jamaica may be divided into three major categories: natural, spiritual and occult. Each of the three divisions is further divided into sub-categories, some of which, as we will see, cross over between the natural, spiritual and occult. On the one hand, the areas of overlap are due, in part, to the varying degrees of knowledge individuals have about the folk medical system. Several people (mostly educated and strongly inclined to biomedicine) characterized "all that bush" as being associated with obeah or "that mumbo-jumbo", and did not differentiate among the different types of folk healers to any significant degree. Others conceptually organized healers into clusters based on their understanding of the types of rituals and treatments associated with the practitioners. Another factor that contributes to the gradient, or non-rigid, boundaries is the commonly held belief that in order to undo obeah, a practitioner must know it; therefore, if, say, a spiritual healer is renowned for knowing how to deal with obeah, he or she must also be an obeah practitioner.

The classification of practitioners in figure 5.1 is derived primarily from fieldwork conducted during 1989 and 1991–92.[1] The primary categories are designated by terms chosen by the authors which were extracted from interviews but not necessarily commonly used by all respondents. Terms in the lower order of the classification are based on actual terms used by the respondents during the course of the interviews.

Natural Practitioners

The category of natural practitioners includes a wide variety of biomedically trained health-care workers – for example, medical doctors, dispensers, nurses, nurse practitioners, midwives, health aides, nutritionists, dentists and scientists (that is, biochemists, biologists and so on). Medically trained practitioners deliver health care from both private and public health institutions and offices. These medical practitioners are respected for their knowledge because they are "book learned".

Also included in the biomedically trained category are pharmacists and druggists. In Jamaica a distinction is made between a pharmacy and a drugstore. Patients go to the pharmacy to have a doctor's prescription filled and to the drugstore to have the obeah-man's prescription filled. In some cases, a drugstore section can be found in a pharmacy. Drugstores offer a vast array of soaps, powders, perfumes, oils, candles and herbs to effect the needed cure, treatment or protection (see appendix).

One of the most important natural folk practitioners in a community is the *nanna*, or lay midwife. The nanna,[2] described by some medical doctors as the base of the community health-care system, is usually an older woman who has received a vision or a calling from God and/or has apprenticed under another midwife in the community. Her rich knowledge of herbs is used as an aid in both the delivery of babies and paediatric care. In the late 1970s one nanna in Jack's River, who had received a calling from God to become a midwife when she was sixty-five, identified, in a quarter-mile walk through the bush, seventy-five different medicinal herbs that she used in her practice.

The bush-doctor is also commonly referred to as the "bush-man" or "herbalist". Bush-doctors, like the midwives, are known for their extensive knowledge of herbs. The knowledge is often passed down within the family as well as from other members of the community. One Maroon herbalist, the late Thomas Rowe from the parish of St Elizabeth, was known as the King-of-the-forest because of his ability not only to recognize the medicinal use of more than 120 plants but also to prepare them for use.

More recently, some herbalists have increased their knowledge by reading books on herbs, the most popular of which is Jethro Kloss's *Back to Eden*. One herbalist interviewed said that people come to him with all kinds of sicknesses – body, head, gas and arthritis – which he treats herbally. He sometimes goes to shops in Kingston to get herbs imported from America such as golden seal (*Hydrastis canadensis*), chickweed (*Stellaria media*) and ginseng (*Panax quinquefolius*). He feels that golden seal is the best herb.[3]

Less common today, but still occasionally found, is the bonesetter. One bonesetter interviewed in the parish of St Elizabeth, who did not become a practitioner until he was in his thirties, learned to set bones as a result of watching a dispenser fix a sprained finger he received when he was in school. When a person comes to him with a "break", he feels around until he finds the break. Once he finds it, he massages it back into place. Next, he beats up custard apple leaf (*Annona reticulata*) and mixes it with vinegar, Vaseline and a little kerosene oil. He applies this mixture to the area over the break and then wraps the area with linen. The plaster is left for at least three weeks, longer if it is a broken leg. When it is ready to come off, the cast is softened with hot water. The bonesetter works with single fractures of the arms, legs, feet, shoulders and other small parts, but does not set upper-leg breaks.

Spiritual Healers

Four basic groups are associated with spiritual healing: denominational church healers, healers linked to the Revival and Convince religions, non-denominational healers and revealers. Spiritual healers usually receive the call to service through a vision, but some are called after surviving a near-fatal illness. One spiritual mother interviewed prayed for the gift and received it. Some are born with unusual signs. For example, one healer was born with eight teeth. Occasionally an "older head" (elder) will announce that a particular child is special and will be a prophet(ess) or healer. Most of the healers interviewed had been born "with the veil" (with the placenta over the face), which is thought to be the source of their clairvoyance.

Church healers in the denominational churches (for example, Pentecostals) receive their power to heal from the Holy Spirit. These practitioners are most often referred to as *pastor, church mother, mother woman* and *revealer*. Not all church mothers heal; some merely preach and pray for the afflicted person. Others "fly" or "send" the pigeon and either drink the blood or take a bath in it in order to gain strength or to protect. Some mothers reportedly work with the obeah-man.

We attended a healing service led by a church pastor, a renowned healer in a district in the parish of St Andrew. This particular pastor used consecrated water, spirit water, testifying, drinking healing water, prayer, faith and calling on the spirit of God to aid in his healing ceremonies. In addition, for some ailments in the naturalistic aetiological category, he soaked a piece of calico cloth

in healing water and wrapped it around the affected area. For some illnesses in the spiritual aetiological category, he rebuked the demons or evil spirits possessing the afflicted person. The pastor was especially sensitive to the presence of evil, and if a person with an "obeah guard" attempted to enter his church, the pastor would sense the guard and send the individual out of the church.

In the Revival tradition, the designation of healers depends upon whether the healer is associated with the "'60 Revivalists" or the "'61 Revivalists". The '60 Revival healers are usually associated with Zion, the Holy Spirit, and higher-order earthbound spirits. These practitioners are called *pastor, shepherd(ess)* or *spiritual mother*. Each healer has a messenger with whom he or she communicates. The messengers, Old Testament figures such as Jeremiah, Moses and Miriam, act as intermediaries between the Holy Ghost and people. The '60 Revivalists are described, and describe themselves, as being "purer" than '61 Revivalists.

According to one '60 Revivalist, there are seven levels of heaven. The different altars in the church represent the different levels of heaven. The three tiers of the main altar represent the three divine powers. Each level has a specific angel. The angels associated with Revival are described as "good angels" and each has a defining characteristic. For example, some give warnings, some preach and others carry tidings. Each messenger has his or her own colour and number. Jeremiah, for instance, is red, Joshua is white and Miriam is blue.

As discussed in chapter 3, Revivalists are identified by the flags in their yards. A person has from one to seven flags, depending on how many others are in the "band" or "order". One flag indicates that the person is of the first order. The flags are contained in a circle, which is where the seal is. When '60 Revivalists are ready to call up the spirits, they go to the seal in the yard. Spirit invocation may be accomplished by singing tones associated with the specific spirits.

Mothers (whether '60 or '61) have specific symbols given to them by their spirits – for example, sugar cane, water, flowers (croton [*Croton linearis* Jacq.],[4] dragon blood [*Calodracon sieberi*], Joseph's coat of many colours [*Euphorbia*]), fruits (oranges, grapefruit, ripe bananas) or soft drinks (cream soda or pineapple soda). One symbol does not seem to have greater significance than another, but each carries a meaning – for example, grapefruit means everlasting or never empty. Colours are also significant in the Revivalist tradition. White is the colour associated with peace, blue with clearance (used in healing), and red is love. The turbans of '60 Revivalists are

mainly white.

The '61 Revival healers are associated with Pukumina, which, as we have seen, is more closely related historically to African spiritual religious systems. During their ceremonies, various spirits, including lower-order earthbound spirits and ancestral spirits, are invoked with the use of drums.

The practitioners in this category are called *physician*, *leader(ess)*, *mother healer*, and *balm-yard healer* (Vest 1992). Like their '60 counterparts, the '61 Revivalist healers are assigned symbols. They are noted for using many colours in their candles as well as in their clothing, each of which is significant: red represents blood, black signifies death, white indicates water or prosperity.

Revival healers treat a variety of illnesses, not just those associated with spiritual and occult aetiologies. Mother V., who was identified by residents of her community as a balm-yard healer, received her gift of healing in a vision at the age of thirteen. She later founded a Revivalist church, with Gabriel as her primary messenger. She combined the use of herbs with prayer, consecrated water, olive oil for anointing, and bush-baths, and used the tambourine to strengthen the spirit. She treated pain in the breast and tummy, fever, nerves, pressure and joint weakness, in addition to spiritual illnesses such as duppy sickness. One of her patients said that he had come for a check-up, which implies that she provided ongoing and preventive care rather than just emergency cures.

In a Revivalist church in the parish of St Andrew, a person who was "sick with duppy" could be healed by the leaders and deacons "pulling and pushing out the duppy" while the congregation sang and danced. In some churches the brethren are seen as instrumental in effecting the cure through supportive prayer, laying on of hands and group prayer (Wedenoja 1989, 79; Payne-Jackson and Alleyne 1992a, 1992b).

Also within the category of Revivalist practitioner is the Revival/Convince healer, who may also be labelled an "obeah worker". One Revival/Convince healer, the Captain, whose church is built over a "natural healing stream", has the alleged ability to extract magically projected objects from individuals stricken by an obeah-man – objects including pins, money, live rats, bugs, broken bottles, lint, nails and pencils. He also has the ability to calm evil spirits that have possessed people. His wife, who assists him in his ministry, said, "When demons rough and mad man come in the church and want to mash up the place, run up and down and flip down people, the Lord give tongues to speak to quiet him down . . . Captain speak in tongues and

can interpret for others."

The sister congregation to the Captain's is led by a nationally renowned Maroon spiritual mother. One of her patients relates how she cured him of "big foot" (elephantiasis) after an operation by the biomedical doctor had proved to be unsuccessful. She extracted a bundle from his foot that consisted of a tenpenny nail, a John Crow feather and a bamboo peg wrapped in black thread (Patrick and Payne-Jackson 1996).

Wedenoja (1989, 79) summarizes the primary differences between Revivalism, balm and obeah. He notes that Revivalism ("spiritual work") and balm ("spiritual science"), both

> deal with spirits, treat spiritual afflictions, and rely on trance states. God is held to be the source of their healing power, the power is delivered to them through angels by means of the Holy Spirit. Obeah is called "temporal science" because it can be learned and is not a gift. Moreover, Revivalists and balmists routinely rely on visions, dreams, precognition, glossolalia, and ceremonial possession trance, whereas the obeahman depends on magic and does not use altered states of consciousness.

The category of non-denominational healers consists of psychic mothers and mother healers or mothers-who-heal. A psychic mother is one who has the gift of foresight and can "read you up". Various techniques are used to accomplish a read-up including palm reading, placing a coin in a glass of water, and tarot cards. The more powerful readers simply look at people and "read" them. If there is an illness present, or parts of the body are perceived to be weak, or if a guard against obeah is needed, she writes out a prescription to be taken to the drugstore. Psychic mothers do not generally operate in connection with any given church.

A mother healer is one who has received her powers from the supernatural world but not from the "Holy Ghost" or other biblical source. In one community we visited, Mother C. received her gift of healing from a *riba muma* (river maid or mermaid). The riba muma represents a syncretism of the European mermaid and the African water sprite. They are half human and half fish and speak a language of their own.[5] Mermaids live in and are in charge of springs and rivers and are considered to be a lower-order spirit – that is, a "fallen angel" or "evil spirit". They like only clean water. They usually choose a person by coming to him or her in a dream. Once chosen, the healer has to pay tribute to the mermaid and "keep them up" usually in the form of an annual feast or "dinner yard". The feast includes the ritual sacri-

fice of an animal, accompanied by singing, jumping and drumming. Mermaids also have colours assigned to them. White water lilies can be used to invoke mermaids and will prevent a person from drowning.[6]

Mother C. used mermaid water to heal. She would draw the water when it began to rush and hiss, then read the water and diagnose the illness. Bibliomancy was another diagnostic technique used by Mother C.

Brother A., the mermaid man, lived in the same village as Mother C. He was in charge of the spring where the blue mermaid lived. According to one informant, Brother A. could put the mermaid in a bottle when he wanted to show her to people. This particular mermaid loved blood, and every year there used to be an accident at the spring in which blood was spilled in the water. As a result of his gift from the mermaid, Brother A. had the ability to rebuke duppies and catch and tie them down. He was also responsible for reading the oracles of the mermaid. In one incident related by a member of the community, an elderly woman from the town had wandered off and her family could not find her. The family went to the mermaid man to seek his help. He consulted the oracles and told them that the mermaid had taken her home. Three days later, with the assistance of a John Crow (vulture), they found her body at the mouth of the spring where the mermaid lived.

Brother A. eventually lost his gift because he was not supposed to have any dealings with women (which he did), and he did not keep his surroundings (the spring) clean, so the blue mermaid stopped coming.[7]

Revealers are found throughout the category of spiritual healers. A revealer may be able to "read you up" or "tell you if you have a spirit on you", but may not be able to effect a cure. If therapy is required, the afflicted person will consult a pastor or church mother who is both revealer and healer.

Both denominational and Revivalist practitioners name the Lord as the primary healer through whom they effect their healing. They also have in common that they receive their healing powers from the "Holy Ghost", from an Old or New Testament figure or from archangels. This is one of the characteristics that distinguish them from the non-denominational healers. Spiritual healing is rich in symbolism. The symbols that practitioners receive from their guardian spirit or messenger must always be present in the healing process. Various labels are used to identify healers in each tradition, with some overlap between them. The differences are subtle and not absolute, but some patterning can be discerned. In spite of all of the noted differences, however, one '60 Revivalist spiritual mother commented that although '60 and '61 Revivalists claimed to be different, underneath "we are all Poco"

(that is, Pukumina).

Although technically not "healers", "warners" are occasionally found in communities. These folk practitioners represent another area in which there are gradient boundaries. Warners are called to tell their communities of pending disasters such as storms and earthquakes. Some warners are called to spiritual missions of prophesying and preaching the message as a means of turning people away from social disasters and ills that are affecting the fibre of society.

Occult Healers

The third major division of folk medical practice is the occult, which consists of practitioners who are concerned with illnesses perceived to be caused by obeah (sorcery or witchcraft) and "science". *Obeah* and *science* are generic terms which cover a variety of practitioners. *Obeah* is the more widely known and used term and now has severe pejorative connotations, especially among young, educated, urban people who reject the validity of the claims of the practitioners and believers. Several occult practitioners provided an emic classification of the healers within the spiritual and occult categories according to the type of magic practised. The categories are formulated within a European framework. "White magic", the highest order of magic, is associated with practitioners of DeLaurence or the "science-man"; "black magic" characterizes the work of Afro-Christian practitioners (Revivalists, balm-yard healers, mother healers and so on); and "sorcery", the lowest form of magic, refers to practitioners with knowledge of the grave (for example, obeah). However, they noted that people in general refer to all three as "obeah" as they do not understand the differences between them.[8]

Occult healers may possess established temples or missions, and the practitioners are often associated with myal,[9] Kumina[10] and balm-yard healers. Kumina and myal are frequently perceived to be different practices. However, some practitioners emphatically state that there is no difference between Kumina and myal. One practitioner noted that "Myal is another type of African spirit movement". Both use drums and have dancers who do private and/or public "plays" (healing ceremonies). "When the dancers move to the music, the myal takes the dancer." A myal-dancer described myal as follows:

> You have to have the spirit that take you up and dance you. . . . When the spirit

> take you, it is myal. . . . When it take you, that mean that you was plenty wrong, wrong, plenty wrong. . . . And then you have the music, you have to dance the *gumbe*. . . . And you got the spirit them lively now, got them lively, and now them come and catch you and dance with you. . . . Them show you bush. . . . When you pick one, then you take it and use it.

D.K., a Kumina practitioner, gave a brief description of the preparation made for a dance. He pointed out that you have to use colours for conjuring and that "candles help to attract the light":

> Duppy weed is used to conjure the spirits. You set the table with white towel and one orange on each corner, goat, white rice, four pints of cream soda [spirit water], six white candles, three red one-foot candles, two one-foot black candle, one a half-inch thick. Set the table while playing drums, dancing and clapping hands. The evil spirits come and show the bush to use to cure the patient when a person is sick and need help.
>
> Put one big glass in the middle of the table with one leaf-of-life [*Bryophyllum pinnatum*] and wild ginger [*Zingiber officinale*] in it to help entertain the spirits, and oranges in between the candles. Evil spirits are both good and bad. Spirit does not like water, it like white rice.
>
> Angels help. . . . You need to know what kind of songs to sing to bring angels. . . . Candles help to conjure them, they like light. [There is] one angel in a candle but an angel can bring as many friends as they want. Master angel has slaves. Black candle is Gabriel, red candle is Michael and white for Rubel. You need the two [angels] to get the right angel. The angels rule death, so they can bring evil spirits from any place.

He went on to say that, once an evil spirit is caught, it is put into a bottle, which is then placed into a big hole in an old deserted village. Sometimes a fisherman is asked to drop the bottle into deep water.

Kumina/myal is used to treat not just "evil sickness" but any type of sickness. The spirits tell practitioners what bush to use. It is not uncommon to hear balm-yard healers associated with Revivalists and being referred to as obeah workers. Seaga (1969, 11) attributes the interconnection of Revival – and, hence, balm – with obeah to two principal forms of magico-religious behaviour used in Revival: healing and obeah.

> Magical beliefs are termed *Science* by Revivalists and the source of supply for this belief is invariably one of the numerous books published by the DeLaurence Company. . . . These beliefs relate primarily to healing and sorcery, and are therefore found primarily in these contexts in Revival Cults. *Science* is considered by

> many to be as powerful as the use of spirits. . . . The healer and the obeah-man are usually not two different people; invariably each practises both, some being more renowned for obeah, and some for healing.

Members of her community called Mother L., from the parish of St Mary, a balm healer. She received her gift of healing in a vision when she was thirteen and built her church when she was in her thirties. The church is purple and white on the outside, with purple and white barbershop stripes on the poles of the entrance. The inside of the church, which has three levels, is mauve. In the front centre of the church is a table, covered with a blue tablecloth and a basin of water with a leaf-of-life (*Bryophyllum pinnatum*) in it. Also on the table is a vase of flowers including croton (*Croton linearis* Jacq.), Joseph's coat (*Euphorbia*), June roses (*Lagerstroemia indica*), fern (*Adiantum* spp.) and ixora (*Rubiaceae*), two crosses, two bottles of consecrated water, a white candle, candy and a box of perfume. She uses green, yellow and mauve candles. Her spiritual symbol, given to her by her messenger Gabriel, is grapefruit. The walls are adorned with a picture of Jesus and one of Mary and with many sayings – for example, "Bless this Home". Banners with verses of Psalms are on the walls in the front of the church. She also has two drums, a bass drum and a rattling drum. The bass drum had been revealed to her in a vision.

Mother L. wears a red dress, a red turban with two purple pencils in it, white shoes and blue socks. People consult her to rebuke spirits and remove spells, and for pain in the breast and stomach, fever, nerves, weakness of the joints and many other ailments. She has also healed patients who found no help in the biomedical system even after repeated visits. Her ability to remove spells causes some members of the community to associate her with obeah. Leaf-of-life (*Bryophyllum pinnatum*), jack-na-bush (*Eupatorium odoratum*), vervine (*Stachytarpheta jamaicensis*), dead-and-wake (*Mimosa pudica*), cerasee (*Momordica charantia*), rosemary (*Croton linearis*) and sinkle bible (*Aloe vera*) are among the herbs she uses in healing, along with a combination of breadfruit leaf (*Artocarpus altilis*) and naseberry (*Manilkara zapota*) for pressure (hypertension). Mother L. uses consecrated water and olive oil for anointing and the bush-bath.

Another spiritual mother or balm healer from this parish, Sister C.,[11] was greatly feared for her powers of obeah. She received her powers of healing and clairvoyance through prayer. Her powers to "read up" people were uncanny and resulted in a high return of patients for healing as well as for

preventive care. One of the factors which contributed to her being labelled an obeah-woman was that she charged high prices for a reading.

The gradient boundary between the spiritual and occult healers can be seen in the frequent comments that refer to the ability of spiritual and occult healers of all sorts to either "kill you or cure you". However, for occult practitioners, their healing ability is a learned art, whereas it is given to spiritual healers as a gift. Spiritual healers are described as working "in the yard", and occult healers "outside the yard".

A scientist is a person "book-learned" in the tradition of DeLaurence, a Chicago-based occult organization. Scientists are generally considered to practise the highest level of "science" (obeah). The practitioners of DeLaurence are male, as it is claimed that "science is too powerful for women". The books mentioned in relation to the work of scientists include: *Sixth and Seventh Books of Moses, Hindu Magic, Albertus Magnus – Egyptian Secrets, East Indian Occultism, Holy Caballa, Master Key of Solomon, Greater Key of Solomon, Lesser Key of Solomon, The Seven Keys to Power,* and *Book of Talisman from the Times of Moses and Solomon (Greater and Lesser)*. Of these books, *Sixth and Seventh Books of Moses* is the most frequently mentioned and known.[12] The contents of the book were allegedly revealed to Moses on Mount Sinai. The keys to the knowledge of the "highest mysteries" were revealed in seven seals and twelve tables. It is through these that practitioners are able to control angels and spirits.

The book consists of five parts: Conjuration Formulas, Seals and Their Powers, Psalms and Reported Powers, Use of Powers of the Ancient Holy Men, and King and Angel – Spirits and Their Powers. The spirits that can be conjured are Och, Phuel, Tehor, Anoch, Schod, Alymon, Ahael and Banech. The seals and tables used to conjure each spirit are detailed in the book. The twelve tables, which include the elements and angel associated with each, are Spirits of Air, Spirits of Fire, Spirits of Water, Spirits of Earth, Table of Saturn, Table of Jupiter, Spirit of Wars, Spirit of Sun, Spirit of Venus, Spirit of Mercury, Table of Spirits and Table of Schemhamforasch.

The section on the Psalms lists the ailments which they cure and the names that practitioners can call on. In order to use the Psalms in healing, the practitioners must be of a clear conscience in regard to "crime" or "wilful sin". The holy names of God and the angels can only be spoken in Hebrew, and the practitioner can burn incense, use sanctuary oil or holy water while reading the Psalms. The rest of the book focuses on the powers of the ancients, the seven king-spirits and the angel-princes, among whom there are

good messengers and bad ones.

The hour of the day or night, phase of the moon and time of the month, and the elements in general are very important in science work – for example, in determining which spirit is present or which one to call and for what purpose. Different kinds of winds also represent different kinds of spirits.

One science-man whom we interviewed said he uses talismans and candles in his work but not oils. The colour, "vibration" and "dressing" of the candles are important to his work. As is the case with spiritual leaders, the different colours of candles carry different meanings: white signifies peace, red represents love, blue is for "clearance", green indicates money, pink means prosperity, yellow is to clear a "cross condition" (and is sometimes used with blue) and black denotes trouble or death. The seven colours of the candles also represent the seven days of the week; for example, black is the colour of Saturday's candle.

Science work is not to be taken lightly. We are here entering into the extreme zone of occult practices where "evil" predominates over "good'' and where the practitioners' powers may be used more for inducing illness, harm and other destructive happenings than to cure. Accordingly, the use of healing herbs gives way to techniques and paraphernalia that have become closely associated with obeah and which constitute the basis for the pejorative connotations that many people – particularly educated, urban young people – ascribe to obeah.

Several persons related anecdotes about friends and family members who had been driven mad by not being careful in their "science" work. One couple described what happened to a relative of theirs when he tried to invoke "the Devil". He had drawn one of the seals from the *Sixth and Seventh Books of Moses* and used the formula to invoke the spirit. The spirit came in the form of a huge mad dog running around a track. The man became so frightened that he ran from the seal. As soon as he stepped from the seal, he disappeared. He was "transported in a flash" by the spirit to Kingston, about two and a half hours away. Some men from the village returning from Kingston found him sitting under a tree "half out of his mind". They could not figure out how he got there because he had remained behind in the village to work on his farm. They took him up into their truck and brought him back to the village. They set him down at the path to his house, but rather than one path he saw forty and did not know which one to follow. His family said that he was lucky because his mind came back after about two weeks. Accounts of other people experimenting with science indicate that they have not been so

lucky, as they have remained "mad", died or committed suicide.

Another well-known feature of science is that a person must always pay what is owed to a practitioner or to the home organization in Chicago. Failure to do so will result in the person's house being stoned until the bill is satisfied. Eyewitnesses to stonings report that the stones that pelt the house literally "fall straight out of the sky, no one standing around throwing the stones". The following is one such reported incident:

> This lady, every 6 p.m. she have a son who just jump up in the bed and have fits, and when he have the fits, stones start coming down on the house. This happened for about a week straight. There was this obeah-man and he come to her house and ask her if she not visiting him, and she said "no" because she don't know why her house is stoning and she is not going to take him on. He called out, "Lucifer son of the morning, throw stones." And the stones start to come harder and faster. She had three coconuts in the kitchen. And he said, "Lucifer, son of the morning, give me the three coconuts." And the coconuts fly up out of the kitchen and flew in his hands. And him ask her, "After I do all this, you are still not visiting me." And she said "no". He continued for another week. The third week, one evening when she sitting around the son, expecting the fits, he sat up in the bed and said, "Jesus Christ, have mercy on me", and the stone throwing stop. Later the lady found out that the man was getting correspondence from DeLaurence and reading them at her house and he stopped paying so they start stoning the house.

Other signs from DeLaurence that someone intends an individual harm are "burn fire" and "flying razor blades", in which the clothing of the person affected is either completely burned or shredded to pieces. What is reportedly mysterious about this process is that other people's clothes in the same closet or drawer remain completely unharmed.[13]

Among independent occult practitioners, there is also the obeah-woman or -man who is perceived to be more dangerous than the scientist because she or he has "grave knowledge". Obeah practitioners are called by various terms, such as *look-see man*, *four-eye man*, *goodie man*, *iniquity worker*, expressing the different skills and practices associated with them. As one practitioner noted, "at this level they use bones and grave dirt and blood from fowls, goats, or pigeons to call back the departed from the grave". Another practitioner pointed out that some obeah practitioners "actually go to the grave and dig up the skull and take it, but they don't have anything unless they rebaptize it and give it a new name and give it a new reburial".[14] The duppy must follow the skull, which then gives the obeah practitioner

access to, and control over, the duppy.

Obeah is considered to be a primary source of duppy sickness, madness, destruction of people and so on. If one person "grudge" or "red eye" another, the affected person goes to the obeah-man to get even or the grudging person goes to get what he or she covets. The obeah practitioner may use either imitative magic based on the principle of "like produces like", or contagious magic based on the principle of contagion – that is, once two objects have been in contact they remain in contact; therefore what you do to one of the objects will affect the other.[15] An example of the practice of some obeah-men and obeah-women is putting a bottle in a person's path for him or her to step over, resulting in illness.

A common problem attributed to the obeah-man is that of children having difficulties in school. Mrs J. told of someone putting obeah on her children, which resulted in the children's having difficulty seeing, so that they started having problems in school. She stated that this was done because someone was jealous or envious of her and the way she was raising her children to be good. She got so worried that she sent the children to another parish where she herself was from, but it was to no avail. She then had three visions (dreams), which instructed her to look for some money between a cacao tree and a coconut tree located in her yard. After the first vision, a woman called to her and said she had had a dream of Mrs J.'s dead sister and she had told her to tell Mrs J. that she was looking for the wrong tree.

The Lord then sent a prophet to tell her what to do to rid the children of the obeah. This man said that the Lord had struck him blind after he had tried to break up many healing services. While in a coma he grew a beard, and the more the beard grew the less sight he had. When he came out of the coma he could tell everything that was going to happen. Mrs J. prepared jack-na-bush, leaf-of-life, marigold (*Bidens reptans*) and ashes in a kerosene pan and boiled them together as she was instructed to do. She also fried frankincense and myrrh in fresh coconut oil and mixed this with the other ingredients and rubbed it in the mole of the children's heads. She stopped having trouble with the children. She had been told by others to see the obeah-man, but she said, "I will leave things in the hands of the Lord", and He sent her three visions and the prophet.

There is a third type of practitioner within the occult category: the seer. Seers function similarly to the revealers in the spiritual category, being able see if a person has a duppy on him or her, or if someone has put obeah on a person.

A.J. is a seer. She explained that when a patient comes to her she can see if "any evil trouble you". If a person is troubled: "I help them. I have something to touch around and I would bath you with an oil, Compliance Oil and BonBon Oil. After the bath, I rub you down with it. I use three leaf of leaf-of-life in the bath and olive oil. When I rub you down, I read the Bible, Psalm 27. And then the person go home and can burn candle, white candle, at bedside."

When asked about types of evil, A.J. said that there is "natural evil" and there is "flying evil", which is associated with DeLaurence and was described as coming from America or England. Natural evil is associated with duppies. A.J. noted that "if you can see evil you can see it (the duppy). When you see the duppy, it is still like you but different feature, the eyes gone."

Notes on Classification

Three dimensions of this classification and nomenclature are: the way in which the practitioner designates himself or herself; the perceptions and designations of the public; and the objective taxonomy based on the objective criteria of features. These features do not bunch together neatly and in such a way as to enable categorical classification of a practitioner. The lines of demarcation among the various types of spiritual and occult practitioners – and even, in some instances, among the naturalistic practitioners – are difficult to draw.

In the same way that, in the language continuum, linguistic features do not consistently and categorically describe individuals or groups, the nature of the continuum of the obeah/myal/balm complex means that practitioners occupy zones rather than precise points. The result is that the practitioner categories of naturalistic, spiritual and occult are not entirely discrete in Jamaica. Apart from the geographical/ecological dimensions of variation, for some individuals there are categorically free variant designations for the same practitioner. In other cases, the variation in designations is not entirely free, as different designations carry different values on a social value/stylistic scale. Some practitioners prefer to be called by certain designations rather than by others. Consequently, even if a practitioner seems to belong to a particular category for which there may be a generally accepted designation, she or he may insist on being referred to under a different designation which carries less stigma. The use of designations is particularly influenced by the excessively taboo nature of the term *obeah*, which leads to a tendency to avoid the use of the word.

Practitioners are unwilling to call themselves obeah-women and obeah-men or to agree that their practice should be characterized as obeah. Similarly, some patients/clients who are not prepared to admit that they consult, or even have knowledge of, obeah practitioners are less reluctant to admit to knowledge of bush-doctors or balm-yard healers, which are the preferred euphemistic designations.

General patterns emerge, however, both in regard to terminology and in terms of features. Features may be sub-categorized into functional and symbolic, and they can be arranged in a hierarchical order, in terms of degree of generality of the divisions which they allow us to construct. The underlying principle of the unity of the temporal and spiritual realms is the basis of operation for the practitioners along the continuum. Also, all practitioners recognize a body of spirits, hierarchically organized, in the supernatural realm, which can be invoked in the healing process. Practitioners access the spirits according to their calling: myal (spirit or spirit possession) is an integral part of healing ceremonies for spiritual practitioners, and the obeah practitioner conjures duppies to do his or her bidding. Spiritual healers receive the call to healing through visions and dreams, while the occult healers learn their trade.

Another broad patterning in the distinction between spiritual and occult practitioners is based on gender, and this is supported by public perceptions: most respondents distinguished between spiritual and occult healers, stating: "Women do spiritual work, men work obeah."

While *natural, spiritual* and *occult* are etic terms used to describe categories of healers, an emic classification elicited from some healers divides the continuum into three sections: white magic, black magic and sorcery. This is a survival of a distinction introduced from European folk medicine and European cultural ideology, and it survives in Jamaica as a public (rather than private) value sub-system within a broader system in which a movement from European to African is a movement from high value to low value. One practitioner noted that all the levels of the continuum from "white magic" to

6

Treatments and Health Care

"sorcery" are levels of "science", but they are ranked from high to low. White magic or science is the highest order, is book-learned, invokes spirits and uses seals and talismans; black magic (associated with the African and African-Christian movements) involves lower-order ceremonies and the invocation of lower-order spirits; and sorcery (the negative aspect of obeah) is the lowest order because it uses grave knowledge and ancestral spirits.

What is noticeable is that Jamaicans still express a great deal of confidence in folk medical practitioners, from the use of bush teas to treat colds and viruses all the way to the use of practitioners associated with the occult. This is so especially if medical doctors are unable to determine the cause of an ailment. Rather than continuing to denigrate folk medical practices, the society may perhaps be better advised to try to reach an understanding of the roles played and illnesses treated by these practitioners in the existing folk system of health care, and to draw on their expertise and strengths. This could be one way to counter the increasing health-care crises in Jamaica and might result in better service to the public.

The categories of natural, spiritual and occult that were established for aetiology, illness and practitioners have corresponding categories for types of treatment. And similarly, just as there is blurring of boundaries between types of practitioners, so also are the boundaries between some types of treatments

unclear. Modern medicine (prescription and over-the-counter) and home remedies/bush medicine figure prominently in the health-care treatment of Jamaicans. Treatments for supernatural illnesses such as those attributed to duppies and to spirits (duppy sickness and spirit sickness) involve the use of ritual as well as herbs.

Classification of Treatments

Treatments cluster into three primary groups: natural, spiritual and occult (see figure 6.1). Natural treatments are associated with doctors and clinics, pharmacy medicine, or home remedies and "bush" (herbal) medicine. Spiritual and occult treatments involve elements of ritual as well as other aids. Home remedies/bush medicine, spiritual treatments and occult treatments all include bush teas and bush-baths as part of the pharmacopoeia, and are commonly used by individuals on their own as well as prescribed by practitioners.

Natural Remedies

Natural remedies include treatments for a wide variety of illnesses such as colds, fevers, cuts, stomach problems, foot problems, exposure to the environment and imbalances in the body. Prescription medicine or treatment (*doctor medicine* in the folk terminology) includes exercise, diet and rest as well as prescription drugs (tablets or pills and injections, and other forms of medication usually obtained at local pharmacies or clinics and hospitals). Injections are given by doctors or nurses at the doctor's office or clinic. In some rural areas, when clinics are not available or open, treatment, including injections, may be administered at the dispenser's.

In one case, in 1984, in a remote rural village, a young girl had stepped on a nail and the puncture had become infected. There were only two cars available for transport to the nearest town, which was fifteen miles away. One of the cars was hired at considerable expense. The clinic in this village had been closed for several years because of lack of personnel. After a long, slow drive to the clinic (almost one and a half hours) over very poor roads, we arrived at the pharmacy, where the dispenser had to be awakened. He had a small room for seeing patients in the back of the store. He lanced the wound, gave her an injection for the infection and dressed the puncture.

If prescription medicine is insufficient on its own, doctors frequently

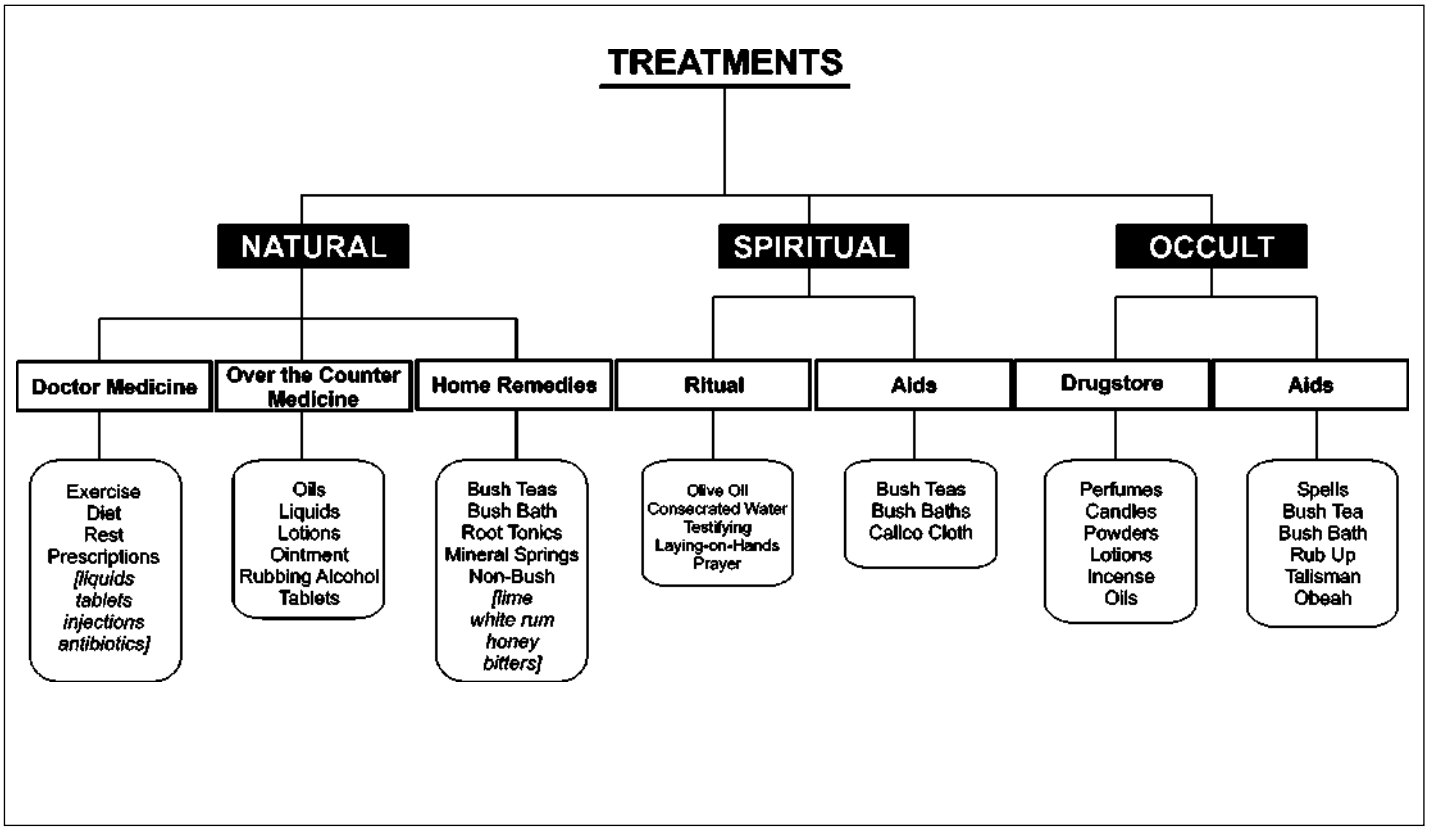

Figure 6.1 Treatment categories in Jamaican folk medicine

advise patients to make changes in their lifestyle in the form of diet, rest or exercise. This is particularly true for chronic illnesses such as diabetes and hypertension. As we have stated, it is evident that, given the frequently asymmetrical relations of class, culture and power between doctor and patient, there is communication breakdown. Biomedical concepts of diet and exercise are not always interpreted correctly by patients. For example, one woman assumed that she was "exercising" when she waved her arms while dusting. In another case recorded at a clinic, "diet" was interpreted to mean "eating vegetables"; in another case, the meaning seemed to contain the notion of medication and mode of use, as emerges in the observation of a staff worker that "patients take their diet after they eat" (Payne-Jackson 1999, 36).

Over-the-Counter Medicine

Over-the-counter medicines are divided into two main groupings: internal medicines and external medicines. *Internal medicine* is a label that represents medicines usually found in a pharmacy. It includes tablets, such as Excedrin, Panadol and aspirin, and liquids, including cough medicines and kananga water.

External medicines refer to various topical medicines commonly used to treat abrasions, cuts, strains, bruises and so on. The three groups of external medicine are oils, such as camphor, olive oil, healing oil and eucalyptus oil; liquids, like purple lotion and rubbing alcohol (with pimento or ganja added at home); and ointments, such as Radian B, Vicks, Tiger balm and wintergreen.

Home Remedies/Bush Medicine

Jamaica has a long recorded history of the role of "bush" in health-care treatment. Barham (1794, 6) reports that "the medications prescribed by the slave healer fell under two general categories: they could be taken orally, that is internally, or be applied to an external part of the body".

The folk medical pharmacopoeia is derived from various sources: indigenous Taino, Africans, (East) Indians, Chinese and Europeans. Lloyd (1839, 14) claimed that Taino contributions to folk medicine were overlooked: "While the African and European components of folk medicine used in the slave quarters are easily recognized, one should not underestimate the influence of Indian [that is, Taino] medicine in slave medical practices." Some

early eighteenth-century works record Taino uses of herbs by the indigenous peoples (see, for instance, Barham 1794).

A few Chinese contributions are noted, but usually only in passing. As we observed in chapter 2, Indians who came to Jamaica between 1845 and 1915 are credited with the introduction of many herbs to Jamaica, including ganja (*Cannabis sativa*), cerasee (*Momordica charantia*), tamarind (*Desmonthia*) and mango.

African contributions have been extensive and are recorded in the literature of different periods. Berlin (1980) noted that Africans often recognized many of the New World herbs, as they belonged to the same genera of medicinal herbs as those that they had used in Africa. In addition, Barrett (1976, 68) points out that

> most of the [Jamaican] herbs, barks, and roots originally bore African names, which suggests the handing down of the traditions from one generation to the next. Some probably bear the names of the original healers who made them famous, such as Kwaku bush, Cudjoe weed, and Packy bush, myal weed, pimpe, mapimpe, and pempem, and various others of African origin.

Barham (1794, 96), citing Vogel, refers to one such case concerning *Picramnia antidesma* or majoe:

> This admirable plant hath its name from Majoe, an old Negro woman so called, who, with a simple decoction, did wonderful cures in the most stubborn diseases, as the yaws, and in venereal cases, when the person had been given over as incurably [*sic*] by physicians, because their Herculean medicines fail them, viz. preparations of mercury and antimony.

Some physicians who worked in Jamaica in the early nineteenth century expounded on the virtues of some of the remedies used by the African healers. Thomson (1820, 146) wrote about aloes:

> This is a safe and valuable purgative, particularly for children. With the negroes it is a sovereign remedy for every complaint, and they have every reason to place great confidence in its virtues: It is astonishing that it is not more frequently trusted to in their disorders by the generality of practitioners, instead of employing those feeble adulterated preparations that are sent us from Europe.

Bush medicine (herbal medicine) has been and continues to be a viable part of the Jamaican folk medical system (see chapter 7). From the beginning, herbs have been used to treat a wide range of illnesses and other health prob-

lems – for example, stomach ailments (*Cola acuminata* or bichy tree, cf. Sloane 1725, 2:61; *Momordica balsmina* or cerasee, cf. Barham 1794, 38); bellyache or colic (*Jatropha gossypiifolia,* belly-ache weed or papaw weed, named after the Papaw Negroes, cf. Barham 1794, 19); earaches (*Cleome Gynandra L.* or bastard mustard, cf. Lunan 1814, 1:67); gonorrhoea (*Pisonia aculeata* or cockspur, cf. Long 1774, 3:755); syphilis (*Picramnia antidesma* or majoe, cf. Lunan 1814, 1:476); and clean teeth (*Paullinia Jamaicensis* or supple jacks, cf. Sloane 1725, 2:185).

Bush medicine is still a primary resource in the treatment of illness, but elements of non-bush remedies are also a part of the pharmacopoeia. The following is a breakdown of the typology for home remedies/bush medicine.

Bush remedies take several forms: bush teas, bush-baths, root tonics and poultices. Bush teas are the most common form of home remedy. Most Jamaicans are familiar with and often use the better-known bush teas when they have minor ailments such as colds, cuts and stomach problems, and, in some cases, for more serious problems such as high blood pressure and diabetes. With the rising cost of doctor medicine, doubts about its efficacy, and the new emphasis on "alternative medicine", bush teas are being turned to even more frequently. Today, bush teas are used to treat almost every type of complaint: colds, sores, pressure, stomach troubles, pain, nerves, gas, fever, vomiting, constipation, running belly, cancer, arthritis and diabetes. As many respondents emphasized, "Why pay money for doctor medicine, when I can get it in my yard?"

Bush-baths, as we will see below, are used more frequently in the treatment of spiritual and occult illnesses, but some individuals report using a bush-bath to bathe wounds or cuts.

Tonics are used as body builders and blood purifiers and consist of several different types of roots. For example, one herbalist boils together chainey root (*Similax balbisiana*), sarsaparilla (*Similax regelii*), man wis, blood root (*Gordonia haematoxylon*?), hug-me-tight (*Polypodium exiguum*), strong back (*Pittoniae similis*), red water grass (*Zebrina pendula*), shamamaka (*Mimosa pudica*), pine root (*Pinus caribaea*), penguin root (*Bromelia pinguin*), bamboo root (*Bambusa vulgaris*), banana root (*Musa* sp.) and coconut root (*Cocos nucifera*). He then adds Guinness stout, rum, Red Label wine and nutmeg.

Poultices are used to dress wounds, sores, sprains, strains and bruises. Leaves, roots and barks can be mixed with other ingredients, such as salt, rum or sulphur, to form a plaster, which is then wrapped in cloth and placed over the affected area of the body (see Bonesetter, chapter 5).

While bush remedies are the most common type of home remedy, they are not the only type. Minerals and animal-based remedies are also used in the treatment of particular illnesses or to strengthen the body.

Animals and animal by-products as part of treatment regimens are usually associated with spiritual and occult practices. However, there are some treatments that exist outside of the supernatural realm. For example, many older Jamaicans refer to the use of bush-rat soup to treat pneumonia. Men frequently refer to the use of "mannish water" (made from the head, entrails and cod of the goat) to build up sexual potency. Cow dung is used as a plaster for sores.

Mineral compounds include such items as blue stone (an antiseptic for wounds and cuts), quicksilver (an antiseptic and treatment for venereal disease), Epsom salts (a laxative and treatment for body pains and sprains) and blue soap (a wash for sores and rashes) (Lowe et al. 2001). In addition, many people make regular outings to the several well-known radioactive mineral springs in Jamaica as an aid in treatment. These springs are considered or reputed to have healing powers.

As was noted above, treatments from these three subgroups of natural medicine – doctor medicine, over-the-counter medicine and home remedies – are the first line of treatment used by Jamaicans and may be used either separately, sequentially or concurrently.

Treatments used by spiritual and occult healers often reflect the influence of African beliefs and practices, particularly in the form of the rituals used by practitioners and the spiritual and magical properties associated with specific herbs and treatments. However, there are also universal aspects found in healing practices all over the globe, and, as noted in chapter 2, European and African folk medical beliefs in the area of the supernatural show some similarities.

Spiritual practitioners use a full range of techniques in the treatment of illnesses: prayer, laying on of hands, readings from the Bible, fasting, "lecturing", singing, testifying, drinking of consecrated water, bathing in different types of "baths" (bush, purity and blood), bush teas, anointing with oils, flag waving, sword swinging to drive away evil spirits, stones, object removal and tying white calico cloth around the affected part of the body. They also use or prescribe drugstore items such as perfumes, frankincense and myrrh, incense, candles and nutmeg. Healing rituals are performed either in public or private (Simpson 1978, 114; Wedenoja 1989; Payne-Jackson and Alleyne 1992a, 1992b).

In some respects, these treatments reflect the syncretic nature of the folk medical system in Jamaica. The European traits are seen in the use of biblical artefacts, which retain the basic meanings inherent in the Bible even where there is evidence of reinterpretation: the cross, crucifixes, candles and incense (all of which are found in denominational churches as well as in the Catholic and Anglican Churches). In addition, murals depicting important biblical events and Bible verses are painted on the walls of the church or hung on placards.[1] The melodies of the songs are based on Protestant hymns. However, as Simpson (1978, 116) points out, "the emphasis on rhythm in singing, the use of drums and rattles, the polyrhythmic drumming, the hand-clapping, foot patting, and dancing as a part of religious ceremonies are African retentions" (see also Alleyne 1988).

Magic

The nature of the magic used in Jamaica also reflects the syncretic nature of the folk medical system. American influence is seen in the use of the DeLaurence books, with their numerous magical devices and formulas, used in both spiritual and occult healing rituals, that are a compilation of ancient Old World traditions. African contributions are seen in the invocation and use of spirits to reveal the appropriate treatment for an illness, with a special emphasis on the healing and magical significance of herbs. Dream interpretation as a form of divination and the use of charms are found in both European and African traditions (Simpson 1978, 116–17; Alleyne 1988).

Simpson (1978, 115–16, 423–24) delineates four elements of treatment techniques used by Revivalists (but which may also be used by balm practitioners and other types of spiritual healers) that are reinterpretations of African practices: the use of stones, herbs, blood and water.

Revival healers use polished stone celts and other types of stones (crystals, rubies, emeralds and gold, among others), which they believe either to have in-dwelling spirits or to be controlled by spirits, and which "carry power". The stones are placed in the homes, yards and churches of nearly all Revivalist practitioners. These stones are instrumental in the invocation of particular spirits "to guard against evil spirits, to add potency to the consecrated water used in healing, and to accomplish certain ends through sympathetic magic" (Simpson 1978, 115).

The magical/spiritual use of herbs can be traced back to African traditions. Revival practitioners use specific herbs to attract spirits or invite them

in, and different herbs are used to decorate altars and "tables". Some healers, as was noted above, receive flowers as their gifts/symbols. Certain groups of herbs are associated with the treatment of spiritual illnesses or with the warding off of evil and may also be used in bush-baths and bush teas.

Some practitioners use blood for special rituals, such as "uplifting" rites or private healing rituals. Goat, fowl or pigeon blood may be sprinkled on the ground and on healing stones.

Water is a major ritual element in Revival ceremonies, as it is in West African religions. The artefact itself is extremely important in Christian religions (for baptism and other forms of blessing) and in the Hindu religion, but its use in Revivalist healing is a local reinterpretation. Consecrated water, placed in glasses, jars, pans and pools, is used to heal, attract spirits to services, drive away evil spirits, divine the nature of a problem or illness, catch duppies and petition favours from "river maids".

As was noted in chapter 5, balm/Revival/spiritual healers specialize in spiritual afflictions, such as spirit sickness or duppy sickness, that have been caused by a duppy being "set on" a person. Practitioners using obeah for evil purposes conjure up a duppy, feed it (with white rum, wine and unsalted rice) and then send it out with instructions as to which person to attack. Magical items and rituals used to treat spiritual afflictions may include the use of candles and frankincense and myrrh, recitation of prayers, reading of specific Psalms, anointing with lavender oil and perfumes, fasting, or the use of sympathetic magic to "lock" a spirit (for example, a pair of scissors can be opened and closed over the head of the patient to cut away the spirit, or a padlock can be used; see Wedenoja 1989, 81). Herbal remedies and over-the-counter medicines or rituals and magical items, or all of these, may be prescribed to counteract spiritual forces.

A patient is diagnosed through "readings". Patients are not asked to tell their symptoms. Symptoms are revealed to the healer by her angel/spirit through "concentration". This takes a variety of forms: gazing into a silver coin or a leaf in a glass of water (in some instances the water is from a bush-bath taken by the patient), interpreting the movement of a candle flame, reading a patient's tongue or palm, reading cards, passing hands over a patient's body, interpretation of dreams and "reading through the spirit", among others. The most powerful healers are able to read a patient by simply looking at him or her. As one healer stated, "I can see inside of them and see what is wrong" (see also Wedenoja 1989, 80; Barrett 1976, 62–63).

Revivalists use ritualized singing and dancing to overcome spirits, to

invoke the protection of God's angels and to seek their advice. Wedenoja (1989, 81) states that, while in ritual trance, "they joust with demons using wooden swords, wave banners to sweep demons from the church, and smash bottles of carbonated soda on the floor to 'cut destruction' (evil forces)". Other treatments used to nullify obeah include one or more of the following: fasts, prayers, hymn singing, drinking or anointing with consecrated water, bathing, anointing with oil, beating with a rod, wearing charms, repeating benedictions, rebuking the duppy, and performing special rituals which include drumming, tracing symbols in cabalistic writing on the ground and the use of fire and water (Simpson 1978, 113–14; Payne-Jackson and Alleyne 1992a, 1992b). Lime, salt and washing blue are used to impose prohibitions on spirits; that is to say, they are used to control supernatural powers (Seaga 1969, 11).

Simpson (1956, 385–86) describes three different types of baths that are used in the treatment of illnesses. Consecrated water is used in a "purity bath". The water may be put on the person's hands and feet or poured over his or her head, or the entire body may be bathed in a pool of water. A complete bath may be followed by "balming" or rubbing the body with oil.

Two types of bush-baths are described. The first is a simple one in which consecrated water containing leaves from the leaf-of-life (*Bryophyllum pinnatum*) are used to bathe the person. The second type involves a more complicated procedure. Branches with leaves from several different bushes – for instance, jack-na-bush (*Eupatorium odoratum*), wild rosemary (*Rosmarinus officinale*) and tamarind (*Desmonthia*) – are placed in a container, which is then filled with water. A cross made of sticks is placed on top of the container. The water and leaves are boiled down to half the original amount and then poured into a pitcher. A white candle is burned and Psalms read during the bath, which is given by pouring the water over the person's head. Afterwards the person is rubbed with olive oil and

> may be beaten with either a white pigeon, a live young rooster of any colour, or a pullet, until the animal dies. Sometimes the client is given a small bottle of oil (oil of fire, oil of "carry away", or neat's-foot oil) and told to rub this oil on her face and chest before going to bed at night as a guard against an evil spirit. (Simpson 1956, 386)

A serious illness or problem (such as a pending court case) requires a "blood bath", of which there are several different types. The blood of pigeons, rabbits, young rams, guinea pigs or fowls may be used, depending

on which type of bath is given. In one of the more simple types of blood baths, the blood of a white pigeon is added to consecrated water, the head of the pigeon is then rubbed over the patient's head, and the blood water is poured over the patient from the neck down. The patient takes the remainder of the blood water to the nearest crossroad at midnight and, while standing in the middle of the intersection, throws the water back over one shoulder (Simpson 1956, 386–87).

More complicated types of blood baths entail the use of several different drugstore items, such as blood of Saturn and blood of Alabaster, the reading of Psalms during the bath and rubbing with olive oil after the bath.

Another treatment in the occult/spiritual category involves the extraction of objects from the patient. Gardner (1873, 189) provides an early account of object extraction by obeah-men:

> Sometimes by a little clumsy jugglery the practitioner appeared to extract all sorts of rubbish, or even living things, such as frogs and lizards, from the body of the sufferer. The arms, legs, the head or the stomach of the patient was manipulated upon, and presently the cause, or one of the causes of the painful symptoms, fell out upon the floor.

One obeah-man claims that he projects objects into victims through a form of magical mental projection. Two Revival healers (associated with Revival/Convince and referred to as obeah practitioners by residents in the surrounding communities) were known for their ability to extract objects projected into patients by obeah-men.

The Captain mentioned earlier has a special healing room off the main sanctuary of his church, in which patients are bathed. He has kept several containers filled with the items he has extracted from individuals, including pins, money, pencils, nails and roaches. In addition to these items, he has also allegedly extracted from patients several different types of animals such as rats, snakes, frogs and lizards. Mother M., who has the sister church to the Captain's, is also well known for her ability to remove objects from people. In one account, a stone in the shape of a human head, with hair on it, was extracted from a woman's stomach (see also Patrick and Payne-Jackson 1996). She too is known to have extracted various types of objects and animals from patients. After treatment, Mother M. gives her patients herbal remedies that she herself has prepared, the ingredients of which are kept secret.

The syncretic nature of Jamaican folk medicine is also found in the

occult sector. As noted in chapter 5, two principal types of occult healers are science-men and obeah workers. The former have learned their art primarily from the DeLaurence Company in Chicago, while the practices of the latter are based more on African traditions, although the boundary between the two is not clear. The healing techniques and rituals of these practitioners involve the use of obeah, talismans and spells and may utilize herbal aids, including rub-ups, bush-baths and bush teas, as well as products from the drugstore, such as incense, oils, lotions, powders, candles and perfume. (See appendix for a list of some of the products found in drugstores in Kingston.)

The obeah-woman or obeah-man is perhaps the practitioner who has been the most written about over the course of time. The obeah practitioner has been described as one who kills as well as cures. The powers of obeah practitioners are said to be used as a form of social control through the punishment of enemies; the detection of thieves, murderers and adulterers; divination of the future; and the ability to bring good luck.

The obeah practitioner is a solitary worker. During slavery it was reported that the obeah-man performed his incantations at the midnight hour in a secluded hut (temple) (Gardner 1873, 188). Items used by the obeah practitioner are found in records of obeah trials such as the one held in 1776 in Morant Bay:

> Deponent, on searching prisoner's house, found sundry matters such as egg-shells tied up in plantain trash, fowls' feet, fish-bones, feathers, and sundry other matters in a basket; also a coney-skin, or some such thing, stuffed in a bottle, which those who practise Obeah commonly make use of. The teeth of dogs, cats, alligators, and sharks, together with grave dirt, parrots' beaks, blood and etc might be added to the above inventory. (p. 188)

In another case, in 1861, an obeah-man was exposed in Kingston, and among the things found in his house were "several lizard and snake-skins. There was also a bell, said to be used to summon a sort of familiar spirit, and a pack of cards" (Gardner 1873, 188).

When a patient comes to an obeah practitioner for help, the practitioner must be able to provide five types of services: (1) to tell the client if he has been conjured and (2) who conjured him; (3) to tell the client where the "trick" is and to destroy it; (4) to cure the client; and (5) to turn the affliction back on the perpetrator if requested (Herron and Bacon 1973, 366).

The literature on obeah is replete with examples of techniques used by

practitioners to remove duppies, spells and objects. Obeah workers may use duppies to aid them in their work, both to cause and to cure illness. As noted by Hogg (1960, 1),

> The obeah-man employs ghosts as active agents, using the materials and spells to summon them, aid them and supplement their efforts. He secures the services of these spiritual assistants by performing various rituals over the bones of dead men, and in return for their help he feeds them, houses them in altars, and pays them for each job with rum, silver, and often sacrificial feasts. Each obeah-man has several such ghostly partners, with whom he maintains intimate and permanent relations.

Among the items now used by obeah practitioners are animal parts, human skulls, grave dirt, rum, eggshells and blood. They may also use candles, powders and oils purported to have magical qualities. Bush-baths and rub-ups are the two primary forms of healing techniques and are used to clear an illness from an individual as well as to a guard against possible evil.

Science-men rely primarily on the magical techniques and products of DeLaurence science. Talismans (made with parchment), amulets, the reading of Psalms, oils and perfumes are used to help ward off evil. Guards that provide personal protection can be purchased, in the form of rings, necklaces, bracelets, oils and perfumes. Magical prayers may also be purchased. The work of the science-man tends to be focused more on obtaining material items, prosperity, success, improved relationships, luck and warding off evil than on actual curing.

One obeah/science-man is well known not only in the surrounding communities but also in various other parts of the island. The main room in his temple was lined with benches and filled with patients. An altar dominated the centre of the room, and the walls were covered with various paintings of the healer. The interview took place in one of the healing rooms. In the centre of the floor were two rows of candle mounds about three feet high, three to a row. The candles were of different colours: one black, one white, two red and two blue. An additional red candle was mounted on a small table at the head of the two rows. In front of this candle, on the floor, were three crudely made black-cat candles. Also at the base of the candles were wooden images of male and female heads that had wax melted over them, and three clear bottles of yellowish oil. A large number of multi-coloured half-full perfume bottles surrounded the candles on the floor. The shelves on the walls in the room were lined with sprays and perfumes and oils, all of which he said he got from

the drugstore. Also on one shelf was a black angel dressed in red holding a black cross. He pointed out that "the candles are used to invoke the spirits, just like they do in the Catholic Church". He had several helpers working for him, including a woman who administered the bush-baths.

Treatments for Illnesses Caused by Duppies and Spirits

Spiritual and occult practitioners specialise in treating duppy sickness and spirit sickness. Several explanations exist about the origin of duppies and how they wander. According to one such account,

> when you die, if you had led a wicked life, you have to be tied or your spirit will roam. It will roam for 40 days anyway, but if you go to Christ it will stop roaming after 40 days. Otherwise, it continues if you belong to the Devil. A simple man who dies can wander around as a spirit. Any duppy can box you and give you fits. But a spirit that has been sent is more powerful and the obeah-man is who makes it powerful.

A person can become sick from a duppy or spirit in several ways. Duppy sickness can occur as a result of accidentally bumping into a duppy: "If you bump into a duppy you get giddy, faint, can't talk." A person who bumps into a duppy experiences a hot flash, as duppies travel in fiery flames. The head of a person who sees a duppy "swells and feels big". One person pointed out that it is possible to tell the type of duppy by the smell: "Man duppy smell like jack fruit or rum although there is no jack fruit or rum present. Lady duppy smell like banana and no banana around. Duppy with sore foot smell stink." Duppies are often associated with babies. They make babies ill by playing in their food: "They [duppies] feed with the baby and let the baby become malnourish and die."

A more common type of duppy-related illness occurs when an obeah-man "set a spirit" on a person at the request of another individual. A duppy that has been called out can make individuals very sick and may even cause death. "If you act strange and do things that you normally don't do like beat people in your family, lick [strike] them, cut them up, then this is a duppy that has been set on you." Duppies are set on people for various reasons – for example, "you owe money so somebody want to run you off your place; you have better work; and somebody want your woman".

It is generally felt that duppies can walk at any time, but the obeah practitioner can work with them only at certain hours of the day. For example, if

an obeah worker wants to catch a duppy, it can be done only at midnight. Not all attempts to get rid of duppies are successful, as recounted in one incident:

> The duppy come back. There was a coolie duppy man that came back into the house of his wife and he was haunting her. She went to a revisionist church – the ones who do the drum. The revisionists rebuke him and try and run him away. But first they ask him a question. Why he there? He say, "Me want me wife." And she died about two weeks after.

Duppies are of different types, black, white, "coolie" and "niega". They are characterized as male and female as well as pickney (child). DeLaurence spirits are white and are called "flying evil" because they can cross water. "Rolling calf" duppy – that is, the duppy of a butcher – is also called "ball of fire". In early times, the rolling calf duppy was associated with slavery and dishonesty and, therefore, a tyrannical person or wicked owner of an estate (Hausman 1994, 101). A duppy dog or duppy "puss" (cat) is a man or woman duppy who changes into an animal.[2]

Duppies are rated differently in terms of danger. Some consider the worst duppy to be that of an obeah-woman or obeah-man, followed by the science-man's duppy. The most frequently mentioned "dangerous" and intense duppy is the coolie duppy:

> The coolie duppy has straight black hair, straight nose and small in stature. If you get their duppy they are more determined. With the coolie duppy everything you use for duppy to go away, they won't go. And you need something special. For a coolie duppy you have to have a drummer.

Little baby or pickney duppies are considered to be dangerous because they do not have any sense, and the obeah-man has "to send a big duppy to get baby duppy and carry it away".

Duppies are described, for the most part, as being evil. While some persons associate duppies with fallen angels, others differentiate between the two:

> Spirits come in all different forms and are different from fallen angels. They can take the form of frogs, bugs, rats, bats. A fallen angel you may see at the crossroads and then as you get there it flies away. You can feel the heat so you know that the fallen angel was there because they travel in fiery flames.

One young woman related what had happened to her after her brother's

death:

> A duppy can strangle you in your sleep. My favourite brother died and made me dream about him on three consecutive nights. Then he encouraged me to come to where he was because he was happy. I told him no because he was dead. He said that the reason why he could not catch me when he chased me was because he was not buried in socks and his feet were cold. About the fourth night I felt hot, I have heavy tongue and I couldn't call out to my grandmother. A presence was definitely trying to strangle me.

Another person complained about the time he saw a duppy dog walk across his path on the way to collect money from a man. The dog did not harm him, but it brought him bad luck because he did not get his money.

But not all duppies are bad. One individual noted that "A friendly duppy such as a relative can send you dreams to help you get out of bad situations or get into good situations." She then related what had happened to her mother:

> My mother could only find two out of three land papers from the legacy of my father. In a dream he told her to reopen his shop and told her where to find the key. She follow the instructions. The third land paper was found in the pan where the key supposed to be. There was no key.

Several different techniques are used "to tie the dead, so the duppy doesn't walk". Hausman (1994, 3) describes one way to stop a duppy:

> Put a leaf of life plant in a glass of sacred spring water. In Jamaica, the Arawak Indian land of wood and water, sacred springs are thought to have great healing power. Duppies are drawn to water, but leaf of life, a symbol of life, not death – causes them to turn around and go back the way they came.

If a duppy is tied down at the burial, even if it wanders it can do no harm. These are some ways to tie a duppy down, according to respondents:

- Take off the first grave dirt and take it far out to sea.
- Throw parched corn or red peas that cannot grow into the grave.
- Roast corn and plant the kernels at the grave.
- Put nails in the box.
- Put common pins in the bottom of the feet.
- Cut out the four pockets of a man's pants when you bury him.
- For the more dangerous male, cut the seed off and put it in the head mole or in the mouth.

If the person who died hated another person very much, special precautions

are required:

> When you go to dig the grave, the very first thing that you come up with, you take off some of that chunk of dirt and put it into a bottle with rum you have there, and you going drink some. It not going harm you. This one here with rum and the chunk of the dirt, is as if the person hated you very much.

If a person is unfortunate enough to become ill from a duppy, healers use various techniques to cure the illness. If the duppy is a "normal duppy", all that is required is a bath with frankincense and myrrh. Another remedy for duppy sickness calls for the boiling together of donkey weed (*Pectis cilaris*), shamamaka (*Mimosa pudica*), white cho-cho (*Sechium edule*), one bottle of pure olive oil and one pound of fine salt. The individual then takes a bath in the mixture, but first takes a drink of it.

To keep evil spirits out of a house and thereby protect against duppy sickness, a person can put together four pieces of black jinta (*Piper nigrinodum*), each one inch long, four nutmegs and four common pins. A cross is made of the jinta, and pins are stuck in the centre and in each end of the jinta. A square hole, the length of the stick, is dug in the gateway of the yard. The nutmeg and jinta are put in it and buried. Evil spirits cannot walk then, nor can they cross the threshold.

For more serious cases, stronger measures are required:

> To get rid of duppy, you can burn incense to get it out of your home, mark crosses on the doors of the house. You can also go around to each doorway of the home, striking match at each one, blowing it out and tossing it into the doorway. Repeat this procedure at each door and when you reach the last entrance strike the match, blow it out, and pretend to throw it, but instead you actually hide it on your body. The duppy will leave you alone and feel bound to search for all the thrown matches, but he will never be able to find the last one that you hide. Thus, in theory, he will forever be searching and unable to trouble you ever again.

Practitioners use different methods to rid a person of a duppy. A Maroon seer described three methods used by different practitioners to clear duppy sickness: the first method described is used by the "physician" or spiritual healer, the second by the obeah-man and the third by the science-man.

Physician

> You [the physician] bath them [the patients] if them come to you, and then you draw them and then you find out if any evil in them. Them [the physicians] read

over the water before them bath you. And then you [the physician] take the oil what you have and anoint them, rub down the body, oil of sweet spirit now. And you give them the same olive oil to drink. Or a Pepsi mixed with olive oil and drink it.

Then you have a candle named sulphur candle. Then you burn the sulphur candle. It burn stink and as it start burning you can't stay. When it start burn, you can't stay in the room. You have to lock up. Start at six o'clock, you would light it, and [put] it all neath the bed, in the middle of the hall. And you lock up your house and come out early and stand up outside. And when you know it burn till the end, you go and take it out now, put it right at the doorway, and you can leave it there till the next morning. Take it late in the night. You can dash it away . . . it already burn out.

Obeah-man

Obeah-man use fowl blood. Them kill chicken and catch the blood. And then bury it at the doorway. And them have one paper called parchment paper, you [the patient] write the whole name on it. Meanwhile, he [the obeah-man] know what the duppy like. Him know who set the evil on you.

Then you get a chicken, and them kill the chicken, and then them catch the blood of the chicken into a plate, a new plate, you [the obeah-man] catch it in there, and then you get your parchment paper and with the name [of the person who is sick] on it, take some [white] rum and put it in the plate, throw on the paper, and then light it afire, light the parchment paper, and it burn until it burn out. Then put the blood and the parchment paper in the plate and dig a hole in the doorway and then rest the plate into it, and then you cover it over. You bury the duppy way off, can't come back in the home.

Scientist

The scientist them do different from the obeah-man. Them catch the duppy into a bottle. Him [the scientist] have a thread, a black thread and then they wind it, when him near. At six, seven o'clock in the night, and them know the duppy come and tie him up and wind and put a nail outside, outside the door. When him [the duppy] see it, him start wind, wind, wind, wind of the whole of the thread, wind it out, loose it out, loose it out, till all the thread is gone, and then you [the scientist] catch him.

When you catch him and throw him into the bottle you see a white fog into the bottle. Then wind the thread around the nail, wind, wind, wind, wind. When it all gone, it [the duppy] come to you, then you hug the bottle and it go down into the bottle. [You] see a white fog into the bottle and you shut the bottle. If you

> open the bottle him get way out. You send it in the sea, you throw it in the sea, it can't come out of the sea again.

In some cases a person can take preventive steps to avoid becoming afflicted by a spirit. A surviving spouse can take one such measure: "If your husband or wife dies you have to fix yourself up. You go to the grave of the man or woman and you have a piece of black material and you shove it into the grave. And you tear half for you and half for the dead person."

One respondent described the consequences of not protecting oneself against the duppy of a dead spouse:

> There was this woman husband and he was a duppy and he will come back in the night and have sex and have a duppy baby, which is not a baby. And you have water in your belly. You have to wash it out and sometimes to get rid of it in nine days or you will die. You have to go to an obeah-man to do this and he will give you some bush medicine.

Others do not wish to take their problems to practitioners, preferring instead to treat their own illnesses. The following case was reported in the parish of St Catherine:[3]

> One afternoon, about three o'clock, when George was eighteen years old, he decided to go watch a football match. As he was walking up a hill to where the game was to be played he saw a bird sitting on the telephone wire. He then picked up a rock and threw it at the bird. The rock was heading right for the bird but mysteriously stopped in midair about two inches from the bird. All of a sudden George could not talk. Then he felt cold and very weak. The next thing he knew was that now there was a little black man sitting before him. The man was in a white shirt and brown pants. This little man just stared at George. He did not say anything. George tried to grab and catch this little man, but when he reached out, his hand went right through the man. George was startled for a moment, and when he recovered he tried to grab him again. The little man had disappeared. It was at this point that George knew that the man was a bad spirit. Weak and nervous, George ventured into a bar where he stayed for a few minutes before heading back home. He never made it to the football match. For seven days he could not eat while the "spirit was on him". He tried to drink milk but he couldn't hold it down. George did not go to the obeah-man to get better. He listened and read the Bible a lot, and very importantly he had a Chinese wash. The Chinese wash helped keep the spirit at bay. It consisted of making crosses of green liquids, which were bought at a drug store, on his body. He drew a cross on his forehead, one on each palm and on the top of each foot. This helped him, but he was still weak. So

after seven days he went to see the doctor who gave him iron tablets and vitamins to make him strong. After a few days he was fully recovered. George felt that all three treatments, the Bible, the Chinese wash and doctor, helped him to get better. This was the only time he was ever sick with a spirit.

Another form of spirit sickness is demon possession. One case of this affliction and its treatment was observed in the parish of St Mary.[4] The possession took place during a service at Sister R.'s, who was a Seventh-Day Pentecostal Mount Zion practitioner. Sister R. wore a white dress, a blue and white turban with white lace sewn on the ends, and a red cord wrapped around her waist. The following items were on the altar: Kananga water, olive oil, a basin of water for healing, cups and saucers for fasting and healing, bread, sour oranges, coconuts, red and white cloth for banners, red, yellow, green, blue, white candles, and a Chinese Buddha wash.

During the beginning of the service, Sister R. burned red candles, danced in the spirit, beat drums and spoke in tongues. At one point she cut the air with scissors. She wrapped a white cloth around her waist, put olive oil crosses on the palms and foreheads of the other participants, took their hands and spun them around.

During the service, Sister R.'s son, John, was beset with demons while he was playing the drum and singing fervently. Sister R. set about trying to chase the devils away. When John became possessed, he stopped singing and playing and appeared to blank out, staring into space. His older sister looked on with concern. His eyes looked troubled; remaining seated, he bent over at the waist and held his face. Next, he moved from his seat and went towards the back corner of the room to lie on the floor. He seemed to be falling, emptied of energy and very frightened. He cried.

His mother went to help him. She first tied a red cloth around his waist and lit a red candle. Next, she sent other children away because they were afraid and she did not want any fear in the room. She rubbed leaf-of-life leaves over his body in a sweeping motion while rebuking the demons. She then put the leaves on his head and wrapped them up in a blue turban so that all of his head was covered, but with one piece of the turban so arranged that some leaves were sticking out from underneath the turban in the centre of his

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The Nature of Healing Herbs

forehead. She called for a leaf of Jeremiah,[5] which she folded in two along the main vein, so that only the underside was exposed, and stuck this single leaf in the outer folds of the turban on the right front side of the child's head, pointing upwards.

Sister R. anointed John's face, eyes, mouth and stomach with olive oil in the shape of a cross and gave him a drink of salt water, olive oil and Kananga water. Satan was then rebuked, and she read Psalm 35 and sang hymns. Next, she burned matches, throwing them one at a time in the doorways. She spun the boy around two times after each match. She spoke in tongues during this time. She kissed John on his cheeks and lips, boiled mint tea for him to drink, prepared him a bath and burned frankincense and myrrh. A goat sacrifice was planned.

These and similar folk treatment regimens are varied and rich in history. Bush teas are still one of the most important resources available to people in the folk medical system, whether to help purge the body of a common cold or to aid in carrying messages to the spirit world for assistance. All healers are

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Dr Steven Beckstrum-Sternberg is the major contributor to this chapter.

familiar with and utilize bush medicines (teas, baths, tonics and so on) to some degree. Some use the bush as the primary means of treatment, while others use it as a supplement to healing rituals. Biomedicine is an addition to the pharmacopoeia of individuals, but has not, as yet, replaced the traditional sources of healing.

The legacy of medicinal herbs of the Taino, Europeans and Africans, and later contributions from (East) Indians and others, is a large herbal pharmacopoeia used to treat both natural and supernatural illnesses in Jamaica. As discussed in previous chapters, the exchange of knowledge of medicinal herbs began as contact between Europeans, indigenous people and Africans and took place on plantations and in native settlements (Laguerre 1987). The Tainos and Africans alike recognized the medicinal value of the plants they used as medicines, but they also revered plants for their spiritual or supernatural nature.

Local plant names come from a variety of sources. Geographical associations are reflected in plant names such as rosemary and English plantain (from England) and quaco bush and guinea hen weed (from Africa). Other names are derived from the plant's colour or the shape of its leaf or seedpod – for example, Joseph's coat of many colours, trumpet leaf, and bat wing. Plants also received names according to the illness they were used to treat, such as fever grass and wormwood. Still others are linked to the supernatural roles they play in religion and healing – for instance, duppy-pumpkin, john crow bead, madame fate, and spiritweed. Early evidence of the African contribution to the spiritual and religious significance of plants is found in Long (see chapter 3, 72–73).

Specific spirits or spiritual qualities are still assigned to plants in Jamaica. For example, Emerick (1916, 19) notes that the silk cotton tree, "like the oak in England, in the days of Druidism, was worshipped in the days of slavery, and sacrifices offered at its roots to the duppies". Today, it is still considered by some to be the home of duppies. Perkins (1969) points out that the term *duppy* is used in compounds to designate more than twenty plants in Jamaica – for example, duppy cherry (*Ehretia tinifolia* and *Cordia collococca*), duppy cotton (*Calotropis procera*) and duppy coconut (*Barringtonia asiatica*). Rashford (1984, 64) discusses the association of spirits with plants and points out that

> on a broad level, the words duppy, jumbie, monkey and devil, when used as generic terms in compound names, suggest that things so named manifest

> unusual, strange or tricky characteristics. Some have false appearances, resembling or imitating things that are useful to humans. Some thrive in dark places or are active at nights; some make strange sounds or produce strong smells and some for various reasons are associated with harm, danger, sorrow, graveyards and death.

African slaves and obeah-men used plants as weapons of resistance against whites. Many of the early writers recorded instances of poisonous plants being used to kill (Barham 1794; Sloane 1725; Edwards 1793; Long 1774, Stewart 1823; Lynch 1856). For example, Pullen-Burry (1903, 139) refers to the use of the cassava plant to make a poison:

> The Negro takes the juice of the cassava plant, which he squeezes on to a copper pan, and places it in the sun. The most horrible insects are the result, which are dried and ground to a powder. The Obeah man or woman drops into the victim's coffee or soup a tiny particle of this powder, which produces death without leaving a trace of the drug.

Rampini (1873, 212) points out that "every bush and every tree furnishes weapons".

In the folk medical system, magic and religion are not totally separate entities from each other; similarly, plants may be used as medicines for natural or supernatural illnesses and/or as part of religious practices. For example, in Revival churches, flowers, fruits and plants such as the leaf-of-life (*Bryophyllum pinnatum*) are used to decorate altars and tables and protect against evil spirits. Croton (*Croton linearis* Jacq.) is used to welcome the spirits and is also associated with graveyards (Rashford 1984). Coconuts are used to "cut destruction" in healing ceremonies. Specific plants are associated with different angels and spirits. Spirits in turn reveal to practitioners which herbs are to be used for treatment, either through dreams or visions or while the practitioner is under possession.

Occult practitioners are known to use specific herbs to cause illness or death. Herbs such as spiritweed (*Erynoglum foetidum*) and sweet basley (*Ocimum basilicum*) are used to ward off duppies. Bush-baths[1] are the primary means of effecting a cure for illnesses suspected to be caused by evil spirits. Plants are also important in the preparation of "guards" against evil spirits (Murphy 1994). Plants such as madame fate (*Isotoma longiflora*) are used to diagnose the presence of obeah; others, such as ram-goat dashalong (*Turnera ulmifolia*), are used by some science-men in divination.

Bilby (1981, 69), in his work on Maroons, provides a pertinent description of the importance of the spiritual nature of plants:

> In the context of the Kromanti Play, the medicinal properties of wild plants (usually called "weeds") are seen as secondary to their spiritual powers. How these powers are understood varies from one individual to the next. Some informants stated that every plant has a spirit of its own, while others asserted that the power of a plant derives from its association with a particular Maroon spirit. In any case, the power of plants can be great, and is often employed in ritual contexts.

While there is a general community knowledge of the spiritual nature of plants used in medicine, and while this knowledge plays an important role in the determination of what plants are used in designated treatments, the specific spiritual and religious characteristics of individual plants are, for the most part, known only to practitioners, who guard the knowledge as part of their sacred duty.

One of the most controversial questions in herbal folk medicine is the validity of claims of therapeutic effectiveness. Whereas, for some herbs, chemical analysis of the active ingredients has confirmed the folk claims of their therapeutic value, for the vast majority of herbs used in folk medicine there has been no such validation. A related issue is the use of the same herbs for particular illnesses in different parts of the Caribbean and the rest of the world. Where we find that unrelated communities in different countries use particular herbs for the same illnesses and make the same claims about therapeutic effectiveness, we are inclined to be convinced about the validity of the claims. It would therefore be useful to examine the more accessible scientific basis of the medicinal plants that have been collected by the authors over the years and, where possible, to compare their use in Jamaica with their use in other parts of the world.[2] Brown (1789) and Dancer (1801) provide two of the earliest recorded studies of Jamaican plants and their medicinal uses. Dancer's book gives the classification, description and local applications of various plants used in folk medicine. This early literature contains a considerable amount of botanical information and is a valuable reference for exploring how the medicinal uses of plants have changed over the years.

Folk claims of implied pharmacological activities of plants were based on empirical observation and tradition, rather than on scientific theory and analysis. It has only been during the past thirty years that serious analysis of pharmacological activities has been undertaken. Several factors have contributed to this delay. Inadequate funding, equipment and facilities, as well as

a general lack of official interest, made the work difficult to achieve.

The work of Asprey and Thornton (1953, 1954a, 1954b) focuses on Jamaican plants but does not list their bioactive ingredients. A team of Jamaican scientists, under the auspices of the Tropical Products Institute of London, between 1959 and 1960 undertook the first scientific study of medicinal plants in Jamaica. The team conducted a limited screening of seventy-one plants, based on the literature on drug plants of Africa, India, North America and the West Indies. From this screening, they selected a number of plants which showed some potential chemical and pharmacological interest. Several plants were identified for further study. The recommendations were that (1) there should be an increase in financial support for chemical and pharmacological screening; and (2) attention should be focused on plants whose bioactive ingredients affected the mind and blood pressure, rather than on those with effects on pain or diabetes, because synthetic drugs already existed for the treatment of the latter.

In 1963 Adams, Magnus and Seaforth produced a monograph on poisonous plants in Jamaica. This was followed in 1972 by a second publication by Adams, which gave a complete taxonomy of the flora of Jamaica. Morton (1981) and Ayensu (1981) published comprehensive works on medicinal plants of the whole Caribbean region. Neither of these works, however, was based completely on first-hand research. These publications, along with the Phytochemeco Database, provide the necessary framework within which to assess the Jamaican flora as a potential source of medicinal herbs, using folk applications and common-sense empiricism as reference points.

Two types of comparisons were made on the 122 plants collected during our fieldwork. The first was between Jamaican uses of the plants and chemicals from the Phytochemeco Database, and the second was of parallel uses of Jamaican plants across cultures, also using the Phytochemeco Database.

Jamaican Plant Uses with Supporting Chemicals and Bioactivities

The Phytochemeco Database contains over 82,800 plant chemicals with more than 18,800 biological activities. Fieldwork on Jamaican uses for 122 taxa resulted in 165 distinct plant uses and 825 unique taxon-use couplets – for example, spearmint [*Mentha spicata*] is used as an anti-spasmodic (see table 7.1 below). In order to carry out the comparison of Jamaican folk uses with the biological activities of chemicals identified by analysis of the plants, we

created a translation table consisting of Jamaican uses translated to 572 biological activities. These translations key in on a number of different aspects of the Jamaican uses. The meanings of some of the Jamaican uses, such as bush-bath (see below), are better understood by looking at the various biological activities of the chemicals which match. Some sample translations are shown below.

Jamaican use	Biological activities
Abscesses – ulcers, boils	antibacterial, antibiotic, anti-edemic, anti-inflammatory, bactericide, suppurative
Arthritis	analgesic, anaesthetic, anodyne, anti-arthritic, anti-edemic, anti-inflammator
Bush-bath	antibiotic, antiviral, bactericide, bacteristat, insulinase inhibitor, insulin-sparing, insulinogenic, viricide

Forty-four of the 122 Jamaican taxa (36 per cent) had chemicals with activities matching 63 of the 165 Jamaican plant uses (38 per cent). To allow meaningful comparisons, we selected only non-ubiquitous chemicals from the database. This effectively excluded all minerals and many commonly recognized nutrients found in all plants. All together, 216 of the 925 total taxon-use couplets (23 per cent) matched. A number of Jamaican plant uses had biochemical support. Some of the best supported uses were for colds (25 plants), abscesses (10 plants), fever (22 plants), cuts and wounds (8 plants), and arthritis (8 plants). Several plants had a significant array of chemicals supporting their uses. For instance, fennel (*Foeniculum vulgare*) had thirteen chemicals supporting its use as a cold remedy. Biological activities of those chemicals included analgesic, antipyretic, antitussive, antiviral, decongestant, expectorant and viricide. Basil (*Ocimum basilicum*) had twelve, and spearmint (*Mentha spicata*) had eleven. Of special interest are the plants used for diabetes. Of the twenty plants Jamaicans used for diabetes, 25 per cent have supporting chemical evidence, including bitter cerasee (*Momordica charantia*) and sinkle bible (*Aloe vera*).

It should be noted that the translation process, though it is tedious and manual, is absolutely critical for this type of evaluation, and with further refinement will produce even greater correspondence between Jamaican uses and the chemicals these plants contain.

Table 7.1 Jamaican Plant Uses with Supporting Chemicals and Bioactivities

Abortifacient

Ricinus communis (castor oil plant)
- Ellagic acid – abortifacient

Abscesses – ulcers, boils

Argemone mexicana (thistle)
- berberine – anti-inflammatory, bactericide
- chelerythrine – bactericide

Catharanthus roseus (periwinkle)
- ursolic acid – anti-edemic, anti-inflammatory
- quercetin – anti-inflammatory, bactericide
- serpentine – bactericide

Chenopodium ambrosioides (semi-contract)
- vanillic acid – anti-inflammatory, bactericide
- terpinyl acetate – bactericide

Hyptis suaveolens (pick nut)
- carophyllene-oxide – anti-edemic, anti-inflammatory
- thymol – anti-inflammatory, bactericide
- terpinen-4-ol – bactericide

Jatropha curcas (policemen nut)
- vitexin – anti-inflammatory

Table 7.1 *continued*

Lantana camara (red sage)
- eugenol – anti-edemic, anti-inflammatory, bactericide
- betulinic acid – anti-inflammatory
- alpha-pinene – anti-inflammatory, bactericide
- terpineol – bactericide

Mentha spicata (black mint, spiritual mint, spearmint)
- ursolic acid – anti-edemic, anti-inflammatory
- rutin – anti-edemic, anti-inflammatory, bactericide
- vicenin-2 – anti-inflammatory
- thymol – anti-inflammatory, bactericide
- terpinen-4-ol – bactericide

Ocimum basilicum (basil)
- ursolic acid – anti-edemic, anti-inflammatory
- rutin – anti-edemic, anti-inflammatory, bactericide
- vicenin-2 – anti-inflammatory

thymol – anti-inflammatory, bactericide
terpinen-4-ol – bactericide
Plantago major (English plantain)
ursolic acid – anti-edemic, anti-inflammatory
caffeic acid – anti-edemic, anti-inflammatory, bactericide
vanillic acid – anti-inflammatory, bactericide
allantoin – anti-inflammatory, suppurative
p-hydroxybenzoic acid – bactericide
Psidium guajava (guava)
gallic acid – antibacterial, anti-inflammatory
avicularin – antibiotic
ursolic acid – anti-edemic, anti-inflammatory
quercitrin – anti-edemic, anti-inflammatory, bactericide
quercetin – anti-inflammatory, bactericide
p-cymene – bactericide

Antidote for poison

Annona muricata (soursop)
caffeic acid – hepatoprotective
Cola acuminata (cola nut, bissy)
caffeic acid – antihepatotoxic, hepatoprotective
betaine – hepatoprotective

Anti-spasmodic

Mentha spicata (black mint, spiritual mint, spearmint)
thymol – anti-spasmodic

Table 7.1 *continued*

Appendicitis

Chenopodium ambrosioides (semi-contract)
vanillic acid – bactericide

Arthritis

Catharanthus roseus (periwinkle)
vincristine – analgesic
yohimbine – anaesthetic
ursolic acid – anti-arthritic, anti-edemic, anti-inflammatory
quercetin – anti-inflammatory
Chenopodium ambrosioides (semi-contract)
p-cymene – analgesic
methyl salicylate – analgesic, anti-inflammatory
safrole – anaesthetic
vanillic acid – anti-inflammatory
Justicia pectoralis (fresh cut)

coumarin – anti-edemic, anti-inflammatory
umbelliferone – anti-inflammatory

Momordica charantia (bitter cerasee)
p-cymene – analgesic
gentisic acid – analgesic, anti-inflammatory
ethylene – anaesthetic
rosmarinic acid – anti-edemic, anti-inflammatory
diosgenin – anti-inflammatory

Nicotiana tabacum (tobacco)
eugenol – analgesic, anaesthetic, anti-edemic, anti-inflammatory
scopoletin – analgesic, anti-edemic, anti-inflammatory
ferulic acid – analgesic, anti-inflammatory
phenol – anaesthetic, anodyne
rutin – anti-edemic, anti-inflammatory
quercetin – anti-inflammatory

Pimenta dioica (pimento)
p-cymene – analgesic
eugenol – analgesic, anaesthetic, anti-edemic, anti-inflammatory
1,8-cineole – anaesthetic
caryophyllene oxide – anti-edemic, anti-inflammatory
delta-3-carene – anti-inflammatory

Ricinus communis (castor oil plant)
ferulic acid – analgesic, anti-inflammatory
rutin – anti-edemic, anti-inflammatory
quercetin – anti-inflammatory

Table 7.1 *continued*

Terminalia catappa (almond)
quercetin – anti-inflammatory

Baby cold

Argemone mexicana (thistle)
protopine – analgesic, antitussive
chelerythrine – analgesic, antitussive, viricide
berberine – analgesic, febrifuge, viricide
sanguinarine – antiviral, expectorant, viricide

Baby gripe

Lippia alba (cassava flower, cullen mint, colic mint)
camphor – carminative

Bad blood

Momordica charantia (bitter cerasee)
inulin – antidiabetic
rosmarinic acid – antiviral, bactericide, viricide

verbascoside – bactericide
p-cymene – bactericide, viricide

Bad eyes

Taraxacum officinale (dandelion)
quercetin – anticataract, antidiabetic, insulinogenic
inulin – antidiabetic
mannitol – antiglaucomic
nicotinic acid – insulinase inhibitor

Bath

Annona glabra (alligator gall)
reticuline – bactericide

Annona muricata (soursop)
procyanidin – antibiotic, antiviral, bactericide
caffeic acid – antiviral, bactericide, viricide
reticuline – bactericide
malic acid – bacteristat

Hyptis verticillata (his hog money)
podophyllotoxin – antiviral, viricide

Plantago major (English plantain)
luteolin – antiviral, bactericide
caffeic acid – antiviral, bactericide, viricide
adenine – antiviral, viricide
vanillic acid – bactericide
gentisic acid – bactericide, viricide
geniposidic acid – bactericide

Table 7.1 *continued*

Solanum torvum (gully bean)
chlorogenic acid – antiviral, bactericide
caffeic acid – antiviral, bactericide, viricide

Stachytarpheta jamaicensis (vervain, vervine, porter bush)
chlorogenic acid – antiviral, bactericide

Taraxacum officinale (dandelion)
quercetin – antiviral, bactericide, insulinogenic, viricide
protocatechuic acid – antiviral, bactericide, viricide
vanillic acid – bactericide
nicotinic acid – insulinase inhibitor

Bathe sore foot

Andrographis paniculata (rice bitters)
neoandrographolide – bactericide

Belly

Andrographis paniculata (rice bitters)
andrographolide – antihepatotoxic
Catharanthus roseus (periwinkle)
ursolic acid – antidiabetic, antihepatotoxic, hepatoprotective
protocatechuic acid – antihepatotoxic
oleanolic acid – antihepatotoxic, hepatoprotective
reserpine – hepatoprotective
Cola acuminata (cola nut, bissy)
caffeine – anti-emetic
betaine – antigastritic, hepatoprotective
caffeic acid – antihepatotoxic, hepatoprotective
Sambucus simpsonii (elder)
chlorogenic acid – antihepatotoxic, hepatoprotective
Zingiber officinale (ginger)
quercetin – antidiabetic, antihepatotoxic
camphor – anti-emetic, carminative
gingerol – anti-emetic, hepatoprotective
p-coumaric acid – antihepatotoxic
chlorogenic acid – antihepatotoxic, hepatoprotective
eugenol – carminative
curcumin – hepatoprotective
1,8-cineole – hepatotonic

Biliousness

Aloe vera (sinkle bible)
glucomannan – antidiabetic

Table 7.1 *continued*

Artocarpus altilois (breadfruit)
quercetin – antidiabetic, insulinogenic
Citrus paradisi (grapefruit)
quercetin – antidiabetic, insulinogenic
caffeine – anti-emetic
isorhamnetin – hepatoprotective
Pimenta dioica (pimento)
1,8-cineole – hepatotonic
Plantago major (English plantain)
ursolic acid – antidiabetic, hepatoprotective
oleanolic acid – hepatoprotective
Ricinus communis (castor oil plant)
rutin – antidiabetic
quercetin – antidiabetic, insulinogenic

ellagic acid – hepatoprotective
quercitrin – hepatotonic

Blood purifier

Stachytarpheta jamaicensis (vervain, vervine, porter bush)
chlorogenic acid – antiviral, bactericide

Blood

Aloe vera (sinkle bible)
glucomannan – antidiabetic
rhein – antiviral, bactericide, viricide
emodin – antiviral, viricide
p-coumaric acid – bactericide
aloin – viricide

Andrographis paniculata (rice bitters)
neoandrographolide – bactericide

Momordica charantia (bitter cerasee)
inulin – antidiabetic
rosmarinic acid – antiviral, bactericide, viricide
verbascoside – bactericide
p-cymene – bactericide, viricide

Persea americana (avocado pear)
quercetin – antidiabetic, antiviral, bactericide, insulinogenic, viricide
nonacosane – antiviral
chlorogenic acid – antiviral, bactericide
caffeic acid – antiviral, bactericide, viricide
pinene – bactericide

Table 7.1 *continued*

Sambucus simpsonii (elder)
chlorogenic acid – antiviral, bactericide
caffeic acid – antiviral, bactericide, viricide

Stachytarpheta jamaicensis (vervain, vervine, porter bush)
chlorogenic acid – antiviral, bactericide

Taraxacum officinale (dandelion)
quercetin – antidiabetic, antiviral, bactericide, insulinogenic, viricide
protocatechuic acid – antiviral, bactericide, viricide
vanillic acid – bactericide
nicotinic acid – insulinase inhibitor

Bowel – diarrhoea, dysentery, constipation

Andrographis paniculata (rice bitters)
neoandrographolide – antidysenteric

Annona reticulata (custard apple)

tannic acid – antidysenteric

Argemone mexicana (thistle)

berberine – antidiarrhoeic, antidysenteric

Chenopodium ambrosioides (semi-contract)

vanillic acid – laxative

Persea americana (avocado pear)

paraffin – laxative

Plantago major (English plantain)

vanillic acid – laxative

Build up stomach

Maranta arundinacea (arrowroot)

quercetin – antidiabetic, insulinogenic

Builds you up

Aloe vera (sinkle bible)

glucomannan – antidiabetic

Cancer

Hyptis verticillata (his hog money)

podophyllotoxin – antitumour

Momordica charantia (bitter cerasee)

verbascoside – antitumour

Cholera

Andrographis paniculata (rice bitters)

neoandrographolide – antidysenteric

Colds

Aloe vera (sinkle bible)

Table 7.1 *continued*

choline salicylate – analgesic

rhein – antiviral, viricide

aloin – viricide

Annona reticulata (custard apple)

reticuline – analgesic

HCN – antitussive

tannic acid – antiviral

Argemone mexicana (thistle)

protopine – analgesic, antitussive

chelerythrine – analgesic, antitussive, viricide

berberine – analgesic, viricide

sanguinarine – antiviral, expectorant, viricide

Chenopodium ambrosioides (semi-contract)

methyl salicylate – analgesic, antipyretic

ferulic acid – analgesic, antiviral
p-cymene – analgesic, viricide
limonene – antiviral, expectorant, viricide

Cymbopogon citrates (fever grass)
myrcene – analgesic
1,8-cineole – antibronchitic, antitussive, expectorant
luteolin – antitussive, antiviral
limonene – antiviral, expectorant, viricide
rutin – antiviral, viricide
dipentene – expectorant, viricide

Eryngium foetidum (fit weed)
p-cymene – analgesic, viricide
alpha-pinene – antiviral, expectorant

Foeniculum vulgare (fennel)
scopoletin – analgesic
ferulic acid – analgesic, antiviral
caffeic acid – analgesic, antiviral, viricide
camphor – analgesic, decongestant, expectorant
apiole – antipyretic
terpinen-4-ol – antitussive
protocatechuic acid – antitussive, antiviral, viricide
vanillin – antiviral
linalool – antiviral, expectorant, viricide
rutin – antiviral, viricide
dipentene – expectorant, viricide

Table 7.1 *continued*

Hyptis suaveolens (pick nut)
menthol – analgesic, antibronchitic, expectorant
camphor – analgesic, decongestant, expectorant
p-cymene – analgesic, viricide
thymol – antibronchitic, antitussive, expectorant
linalool – antiviral, expectorant, viricide

Hyptis verticillata (his hog money)
podophyllotoxin – antiviral, viricide

Lantana camara (red sage)
p-cymene – analgesic, viricide
lantanine – antipyretic
terpineol – antitussive, expectorant
linalol – antiviral, expectorant, viricide
lignin – antiviral, viricide

dipentene – expectorant, viricide

Manihot esculenta (bay grass)
HCN – antitussive

Mentha spicata (black mint, spiritual mint, spearmint)
menthol – analgesic, antibronchitic, expectorant
p-cymene – analgesic, viricide
thymol – antibronchitic, antitussive, expectorant
pulegone – antipyretic
diosmetin – antirhinoviral, antiviral
terpinen-4-ol – antitussive
luteolin – antitussive, antiviral
vanillin – antiviral
linalol – antiviral, expectorant, viricide
rosmarinic acid – antiviral, expectorant, viricide
carvacrol – expectorant

Momordica charantia (bitter cerasee)
p-cymene – analgesic, viricide
rosmarinic acid – antiviral, viricide

Nicotiana tabacum (tobacco)
scopoletin – analgesic
ferulic acid – analgesic, antiviral
caffeic acid – analgesic, antiviral, viricide
1,8-cineole – antibronchitic, antitussive, expectorant
rutin – antiviral, viricide
guaiacol – expectorant

Table 7.1 *continued*

Ocimum basilicum (basil)
menthol – analgesic, antibronchitic, expectorant
caffeic acid – analgesic, antiviral, viricide
camphor – analgesic, decongestant, expectorant
p-cymene – analgesic, viricide
thymol – antibronchitic, antitussive, expectorant
alpha-bisabolol – antipyretic
beta-bisabolene – antirhinoviral, antiviral
terpinen-4-ol – antitussive
luteolin – antitussive, antiviral
rutin – antiviral, viricide
eriodictyol – expectorant

Origanum majorana (China mint)

caffeic acid – analgesic, antiviral, viricide
p-cymene – analgesic, viricide
terpinen-4-ol – antitussive
linalol – antiviral, expectorant, viricide
rosmarinic acid – antiviral, viricide
citral – expectorant

Plantago major (English plantain)
salicylic acid – analgesic, antipyretic
ferulic acid – analgesic, antiviral
caffeic acid – analgesic, antiviral, viricide
gentisic acid – analgesic, viricide
baicalin – antipyretic
luteolin – antitussive, antiviral
apigenin – antiviral
benzoic acid – expectorant

Psidium guajava (guava)
menthol – analgesic, antibronchitic, expectorant
p-cymene – analgesic, viricide
gallic acid – antibronchitic, antiviral, viricide
beta-bisabolene – antirhinoviral, antiviral
limonene – antiviral, expectorant, viricide
quercitrin – antiviral, viricide
citral – expectorant

Ricinus communis (castor oil plant)
ferulic acid – analgesic, antiviral
gallic acid – antibronchitic, antiviral, viricide

Table 7.1 *continued*

HCN – antitussive
rutin – antiviral, viricide

Sampucus simpsonii (elder)
chlorogenic acid – analgesic, antiviral
caffeic acid – analgesic, antiviral, viricide

Stachytarpheta jamaicensis (vervain, vervine, porter bush)
chlorogenic acid – analgesic, antiviral

Taraxacum officinale (dandelion)
scopoletin – analgesic
protocatechuic acid – analgesic, antiviral, viricide
quercetin – antiviral, viricide

Terminalia catappa (almond)
gallic acid – antibronchitic, antiviral, viricide

quercetin – antiviral, viricide

Vetiveria zizaioides (khus-khus)

p-cymene – analgesic, viricide

limonene – antiviral, expectorant, viricide

benzoic acid – expectorant

Constipation

Aloe vera (sinkle bible)

lignin – laxative

barbaloin – laxative, purgative

rhein – purgative

Cuts, wounds

Aloe vera (sinkle bible)

cinnamic acid – anaesthetic, bactericide, fungicide

formic acid – astringent

rhein – bactericide

p-coumaric acid – bactericide, fungicide

coumarin – fungicide

emodin – styptic

Annona muricata (soursop)

procyanidin – antibiotic, bactericide

reticuline – bactericide

p-coumaric acid – bactericide, fungicide

malic acid – bacteriostatic

Artocarpus altilis (breadfruit)

quercetin – bactericide

Chenopodium ambrosiodes (semi-contract)

Table 7.1 *continued*

safrole – anaesthetic, bactericide

vanillic acid – bactericide

p-cymene – bactericide, fungicide

limonene – bactericide, fungistat

malic acid – bacteriostatic

ascaridole – fungicide

Justicia pectoralis (fresh cut)

umbelliferone – bactericide, fungicide

coumarin – fungicide

Plantago major (English plantain)

cinnamic acid – anaesthetic, bactericide, fungicide

baiclein – astringent, bactericide

vanillic acid – bactericide
salicylic acid – bactericide, fungicide
p-hydroxybenzoic acid – bactericide, fungistat
geniposidic acid – bacteriostatic, fungistat

Psidium guajava (guava)
menthol – anaesthetic, bactericide
eugenol – anaesthetic, bactericide, fungicide
gallic acid – antibacterial, astringent, bacteriostatic, styptic
avicularin – antibiotic
ellagic acid – astringent
quercitrin – bactericide
p-cymene – bactericide, fungicide
limonene – bactericide, fungicide

Ricinus communis (castor oil plant)
gallic acid – antibacterial, astringent, bacteriostatic, styptic
ellagic acid – astringent
squalene – bactericide
p-coumaric acid – bactericide, fungicide
casbene – fungicide

Depression

Mentha spicata (black mint, spiritual mint, spearmint)
menthol – CNS stimulant

Ocimum basilicum (basil)
menthol – CNS stimulant

Diabetes

Aloe vera (sinkle bible)
glucomannan – antidiabetic

Table 7.1 *continued*

Artocarpus altilis (breadfruit)
quercetin – antidiabetic, insulinogenic

Catharanthus roseus (periwinkle)
ursolic acid – antidiabetic
quercetin – antidiabetic, insulinogenic

Momordica charantia (bitter cerasee)
insulin – antidiabetic

Taraxacum officinale (dandelion)
quercetin – antidiabetic, insulinogenic
nicotinic acid – insulinase inhibitor

Diuretic

Foeniculum vulgare (fennel)
terpinen-4-ol – diuretic
Momordica charantia (bitter cerasee)
gamma-amino-butyric acid – diuretic
Persea americana (avocado pear)
chlorogenic acid – diuretic
Sambucus simpsonii (elder)
chlorogenic acid – diuretic
Solanum toryum (gully bean)
chlorogenic acid – diuretic
Taraxacum officinale (dandelion)
mannitol – diuretic

Emetic

Annona squamosa (sweetsop)
camphor – emetic

Erysipelas

Aloe vera (sinkle bible)
coumarin – anti-edemic, anti-inflammatory
niacinamide – anti-inflammatory
Jatropha curcas (policemen nut)
vitexin – anti-inflammatory
Maranta arundinacea (arrowroot)
quercetin – anti-inflammatory
Plantago major (English plantain)
ursolic acid – anti-edemic, anti-inflammatory
vanillic acid – anti-inflammatory
salicylic acid – anti-inflammatory, febrifuge
benzoic acid – febrifuge

Table 7.1 *continued*

Eye ailments, including cataracts

Catharanthus roseus (periwinkle)
quercetin – anticataract
Foeniculum vulgar (fennel)
rutin – anticataract, antiglaucomic
Zingiber officinale (ginger)
quercetin – anticataract

Fever

Annona reticulata (custard apple)
reticuline – analgesic

Annona squamosa (sweetsop)
reticuline – analgesic
borneol – analgesic, febrifuge
Argemone mexicana (thistle)
protopine – analgesic
berberine – analgesic, febrifuge
Catharanthus roseus (periwinkle)
vincristine – analgesic
reserpine – febrifuge
Chenopodium ambrosioides (semi-contract)
p-cymene – analgesic
Cola acuminata (cola nut, bissy)
caffeic acid – analgesic
Cymbopogon citratus (fever grass)
myrcene – analgesic
Eryngium foetidum (fit weed)
p-cymene – analgesic
Foeniculum vulgare (fennel)
scopoletin – analgesic
eugenol – analgesic, febrifuge
benzoic acid – febrifuge
Hyptis suaveolens (pick nut)
p-cymene – analgesic
borneol – analgesic, febrifuge
Lantana camara (red sage)
p-cymene – analgesic
eugenol – analgesic, febrifuge
Lippia alba (cassava flower, cullen mint, colic mint)
camphor – analgesic

Table 7.1 *continued*

Momordica charantia (bitter cerasee)
p-cymene – analgesic
Nicotiana tabacum (tobacco)
eugenol – febrifuge
Ocimum basilicum (basil)
p-cymene – analgesic
eugenol – analgesic, febrifuge
Origanum majorana (China mint)
p-cymene – analgesic
eugenol – analgesic, febrifuge
Persea americana (avocado pear)

chlorogenic acid – analgesic
Pimenta dioica (pimento)
p-cymene – analgesic
eugenol – analgesic, febrifuge
cinnamaldehyde – febrifuge
Rosmarinus officinalis (rosemary)
p-cymene – analgesic
borneol – analgesic, febrifuge
Stachytarpheta jamaicensis (vervain, vervine, porter bush)
chlorogenic acid – analgesic
Thymus vulgaris (thyme)
p-cymene – analgesic
eugenol – analgesic, febrifuge
Vetiveria zizanioides (khus-khus)
p-cymene – analgesic
benzoic acid – febrifuge
Zingiber officinale (ginger)
p-cymene – analgesic
eugenol – analgesic, febrifuge

Gas

Ocimum basilicum (basil)
thymol – carminative
Rosmarinus officinalis (rosemary)
thymol – carminative
Thymus vulgaris (thyme)
thymyl acetate – carminative

General-purpose

Aloe vera (sinkle bible)
coumarin – immunostimulant

Table 7.1 *continued*

Headache

Annona squamosa (sweetsop)
reticuline – analgesic
Cola acuminata (cola nut, bissy)
caffeic acid – analgesic
theobromine – vasodilator
Nicotiana tabacum (tobacco)
scopoletin – analgesic
ferulic acid – analgesic, vasodilator
phenol – anodyne

trigonelline – antimigraine
Ocimum basilicum (basil)
p-cymene – analgesic
Persea americana (avocado pear)
chlorogenic acid – analgesic
Pimenta dioica (pimento)
p-cymene – analgesic
Plantago major (English plantain)
salicylic acid – analgesic
ferulic acid – analgesic, vasodilator
Ricinus communis (castor oil plant)
ferulic acid – analgesic, vasodilator

Haemorrhage

Psidium guajava (guava)
quercitrin – antihaemorrhagic

Haemorrhoids

Rosmarinus officinalis (rosemary)
ursolic acid – anti-edemic, anti-inflammatory
diosmin – antihaemorrhoidal, anti-inflammatory
thymol – anti-inflammatory

Heart ailments

Psidium guajava (guava)
quercitrin – cardiotonic

Heart

Taraxacum officinale (dandelion)
protocatechuic acid – anti-ischemic

High blood pressure

Annona muricata (soursop)
coreximine – antihypertensive

Table 7.1 *continued*

Artocarpus altilis (breadfruit)
quercetin – antihypertensive, vasodilator
Catharanthus roseus (periwinkle)
reserpine – antihypertensive
quercetin – antihypertensive, vasodilator
vincamine – vasodilator
Citrus paradisi (grapefruit)
quercetin – antihypertensive, vasodilator
caffeine – vasodilator
Momordica charantia (bitter cerasee)

gamma-amino-butyric acid – antihypertensive

Persea americana (avocado pear)

quercetin – antihypertensive, vasodilator

dopamine – vasodilator

Stachytarpheta jamaicensis (vervain, vervine, porter bush)

dopamine – vasodilator

Insect bite

Psidium guajava (guava)

citral – antiallergic, antihistaminic

quercetin – antiallergic, antihistaminic, anti-inflammatory

ursolic acid – antihistaminic, anti-inflammatory

quercetrin – anti-inflammatory

gallic acid – anti-inflammatory, astringent

Insomnia

Argemone mexicana (thistle)

protopine – sedative

Lippia alba (cassava flower, cullen mint, colic mint)

linalol – sedative

Plantago major (English plantain)

caffeic acid – sedative

Jaundice

Taraxacum officinale (dandelion)

quercetin – antihepatotoxic

Nausea and vomiting

Mentha spicata (black mint, spiritual mint, spearmint)

p-cymene – anti-influenza

Pimenta dioica (pimento)

p-cymene – anti-influenza

Psidium guajava (guava)

quercitrin – anti-influenza

Table 7.1 *continued*

Nerves

Aloe vera (sinkle bible)

coumarin – sedative

Annona muricata (soursop)

coreximine – antihypertensive

reticuline – CNS stimulant

caffeic acid – sedative

gaba – tranquillizer

Catharanthus roseus (periwinkle)

reserpine – antihypertensive, antistress, sedative, tranquillizer
ajmalicine – antihypertensive, tranquillizer
vincamine – sedative
serpentine – sedative, tranquillizer

Pimenta dioica (pimento)
cinnamaldehyde – CNS stimulant, sedative, tranquillizer
linalol – sedative
alpha-pinene – sedative, tranquillizer

Taraxacum officinale (dandelion)
tyrosinase – antihypertensive
scopoletin – CNS stimulant

Pain

Chenopodium ambrosioides (semi-contract)
p-cymene – analgesic
ascaridole – analgesic, sedative
limonene – sedative
alpha-pinene – sedative, tranquillizer

Momordica charantia (bitter cerasee)
p-cymene – analgesic
gaba – tranquillizer

Nicotiana tabacum (tobacco)
scopoletin – analgesic
eugenol – analgesic, sedative
phenol – anodyne
isoeugenol – sedative
gaba – tranquillizer

Pimenta dioica (pimento)
p-cymene – analgesic
eugenol – analgesic, sedative
linalol – sedative
cinnamaldehyde – sedative, tranquillizer

Table 7.1 *continued*

Taraxacum officinale (dandelion)
scopoletin – analgesic

Panacea

Ocimum basilicum (basil)
anethole – immunostimulant

Purify blood

Aloe vera (sinkle bible)
glucomannan – antidiabetic

rhein – antiviral, bactericide, viricide
emodin – antiviral, viricide
p-coumaric acid – bactericide
aloin – viricide

Andrographis paniculata (rice bitters)
neoandrographolide – bactericide

Rheumatism

Mentha spicata (black mint, spiritual mint, spearmint)
thymol – antirheumatic

Momordica charnatia (bitter cerasee)
gentisic acid – antirheumatic

Rosmarinus officinalis (rosemary)
thymol – antirheumatic

Ringworm

Argemone mexicana (thistle)
sanguinarine – fungicide

Nicotiana tabacum (tobacco)
propionic acid – fungicide
isoeugenol – fungistat

Skin diseases

Nicotiana tabacum (tobacco)
guaiacol – anti-eczemic

Sores

Stachytarpheta jamaicensis (vervain, vervine, porter bush)
chlorogenic acid – anti-inflammatory, bactericide

Theobroma cacao (chocolate leaf)
vitexin – anti-inflammatory
vanillic acid – anti-inflammatory, bactericide
p-hydroxybenzoic acid – bactericide

Sprains

Theobroma cacao (chocolate leaf)

Table 7.1 *continued*

gentisic acid – analgesic, anti-inflammatory
vitexin – anti-inflammatory

Stomach-ache

Cola acuminata (cola nut, bissy)
betaine – antigastritic

Phyllanthus niruri (seed-pon-back)
methyl salicylate – carminative

Pimenta dioica (pimento)
eugenol – carminative
Psidium guajava (guava)
menthol – carminative

Sunburn
Aloe vera (sinkle bible)
cinnamic acid – anaesthetic, anti-inflammatory
niacinamide – anti-inflammatory
formic acid – astringent

Tea for young babies
Mentha spicata (black mint, spiritual mint, spearmint)
valeric acid – sedative

Tonic
Psidium guajava (guava)
(+)-catechin – immunostimulant
Stachytarpheta jamaicensis (vervain, vervine, porter bush)
chlorogenic acid – immunostimulant

Toothache
Zingiber officinale (ginger)
eugenol – analgesic, anaesthetic, bactericide
p-cymene – analgesic, bactericide
benzaldehyde – anaesthetic
1,8-cineole – anaesthetic, bactericide
linalol – anticariogenic, bactericide
quercetin – antiperiodontitic, bactericide
vanillic acid – bactericide

Tuberculosis
Aloe vera (sinkle bible)
barbaloin – antitubercular
Ocimum basilicum (basil)
alpha-bisabolol – antitubercular

Table 7.1 *continued*

Venereal disease
Lippia alba (cassava flower, cullen mint, colic mint)
neral – bactericide
Sambucus simpsonii (elder)
chlorogenic acid – bactericide

Vermifuge
Aloe vera (sinkle bible)

cinnamic acid – vermifuge
Chenopodium ambrosioides (semi-contract)
vanillic acid – anthelminthic
ascaridole – anthelminthic, vermifuge
Ocimum basilicum (basil)
thymol – anthelminthic
eugenol – vermifuge
Washout
Aloe vera (sinkle bible)
lignin – laxative
barbaloin – laxative, purgative
rhein – purgative

Parallel Uses of Jamaican Plants across Cultures

The Phytochemeco Database contains over 82,800 worldwide uses for more than thirteen thousand distinct plants from over seven hundred regions of the world. Fieldwork on Jamaican plant uses for 122 taxa resulted in 165 distinct plant uses and 825 unique taxon-use couplets (see above). In order to compare Jamaican uses of plants with worldwide uses, a translation table was created, consisting of Jamaican uses translated to 760 ethnobotanical indications. Some sample translations are shown below.

Jamaican Use	Ethnobotanical Indication
Arthritis	Ache (bones), edema, inflammation, joint pain
Bush-bath	Antibiotic, bactericide, bacteriostatic, diabetes, diabetes mellitus, viricide
Colds	Antipyretic, cough, decongestant, expectorant, fever (preventive), rhinitis, rhinosinusitis, viricide, viristat

Eighty-two of the 122 Jamaican taxa (67 per cent) had uses matching ethnobotanical indications, and 87 of the 165 Jamaican plant uses (53 per cent) had corresponding ethnobotanical indications. All together, 362 of the 825 total taxon-use couplets (39 per cent) matched. A number of Jamaican uses had parallel ethnobotanical support for several plants. Some of the best supported were colds (forty-two plants), fever (thirty-one plants), bowel complaints (eighteen plants), rheumatism (thirteen plants), cuts and wounds

(twelve plants), diuretic (twelve plants) and vermifuge (eleven plants).

When the table of biochemical activities is compared to the parallel uses, there are a number of striking similarities. All three plants used in Jamaica for arthritis and validated by parallel use around the world (castor oil plant, semi-contract and almond) are also supported by chemical data. Similar trends exist for four of the five plants used for stomach complaints (rice bitters, periwinkle, cola nut and ginger), four of the five plants used for blood-related complaints (rice bitters, bitter cerasee, avocado pear and dandelion), six of eighteen plants used for bowel complaints (rice bitters, custard apple, thistle, semi-contract, avocado pear and English plantain), twenty of the forty-two plants used to treat colds, and three of the eight plants used for diabetes (breadfruit, periwinkle and bitter cerasee). The correlations contained in these two tables, both separately and combined, may provide a powerful tool to evaluate the possible effectiveness of plant-based remedies for the Jamaican populace.

Table 7.2 Parallel Uses Across Cultures for Jamaican Plants

Abortifacient

Aristolochia trilobata (countriebo) – Trinidad

Cassia occidentalis (dandelion) – Trinidad

Analgesic

Cannabis sativa (ganja) – anodyne – Turkey

Antispasmodic

Mentha spicata (black mint, spiritual mint, spearmint) – spasm – unspecified location

Aphrodisiac

Justicia pectoralis (fresh cut) – Haiti

Momordica charantia (bitter cerasee) – Yucatan

Appetite

Cannabis sativa (ganja) – aperitif – unspecified location

Hyptis suaveolens (pick nut) – aperitif – Philippines

Table 7.2 *continued*

Arthritis

Chenopodium ambrosiodes (semi-contract) – China

Ricinus communis (castor oil plant) – inflammation – Trinidad

Terminalia catappa (almond) – unspecified location

Asthma

Cassia occidentalis (dandelion) – Venezuela
Cecropia peltata (trumpet bush) – Mexico
Chenopodium ambrosioides (semi-contract) – Turkey
Ocimum basilicum (basil) – Malaya
Peperomia pellucida (pepper elder) – unspecified location
Solanum torvum (gully bean) – Mexico
Stachytarpheta jamaicensis (vervain, vervine, porter bush) – Bahamas

Baby cold

Argemone mexicana (thistle) – fever – Haiti

Baby gripe

Eryngium foetidum (fit weed) – diaphoretic – Dominican Republic
Lippia alba (cassava flower, cullen mint, colic mint) – digestive – Curaçao

Bad blood

Momordica charantia (bitter cerasee) – diabetes mellitus – Puerto Rico

Bath

Mimosa pudica (dead-and-wake) – bactericide – Trinidad
Peperomia pellucida (pepper elder) – bactericide – unspecified location
Plantago major (English plantain) – bactericide – Trinidad
Ricinus communis (castor oil plant) – bactericide – Trinidad
Taraxacum officinale (dandelion) – bactericide – unspecified location

Bathe sore foot

Andrographis paniculata (rice bitters) – diabetes – Java

Belly

Andrographis paniculata (rice bitters) – stomachic – Malaysia
Aristolochia trilobata (countriebo) – diabetes – Trinidad
Catharanthus roseus (periwinkle) – stomachic – unspecified location
Cola acuminata (cola nut, bissy) – digestive – Turkey
Zingiber officinale (ginger) – stomachic – Venezuela

Biliousness

Annona glabra (alligator gall) – jaundice – Mexico
Artocarpus altilis (breadfruit) – diabetes – Trinidad
Cuscuta americana (love bush) – jaundice – Trinidad
Passiflora foetida (sweet cup) – biliousness – unspecified location
Plantago major (English plantain) – diabetes – Java

Table 7.2 *continued*

Ricinus communis (castor oil plant) – jaundice – unspecified location
Turnera ulmifolia (ram-goat dashalong) – biliousness – unspecified location

Bites – snake, scorpion sting, dog, and others

Aristolochia trilobata (countriebo) – snakebite – Venezuela

Cassia alata (king-of-the-forest) – snakebite – West Indies
Cecropia peltata (trumpet bush) – snakebite – Trinidad
Manihot esculenta (bay grass) – snakebite – Trinidad
Mikania micrantha (guaco bush) – snakebite – Trinidad

Blood purifier

Mimosa pudica (dead-and-wake) – bactericide – Trinidad
Similax regelii (Jamaica sarsaparilla) – venereal disease – Europe
Stachytarpheta jamaicensis (vervain, vervine, porter bush) – venereal disease – unspecified location

Blood

Andrographis paniculata (rice bitters) – diabetes – Java
Aristolochia trilobata (countriebo) – diabetes – Trinidad
Momordica charantia (bitter cerasee) – diabetes mellitus – Puerto Rico
Persea americana (avocado pear) – diabetes – Dominican Republic
Taraxacum officinale (dandelion) – bactericide – unspecified location

Bowel – diarrhoea, dysentery, constipation

Andrographis paniculata (rice bitters) – laxative – India (Santal)
Annona glabra (alligator gall) – diarrhoea – Curaçao
Annona reticulata (custard apple) – dysentery – Johore (Malaysia)
Argemone mexicana (thistle) – purgative – West Indies
Cannabis sativa (ganja) – constipation, laxative – China
Cassia alata (king-of-the-forest) – purgative – Trinidad
Cassia occidentalis (dandelion) – purgative – Trinidad
Chenopodium ambrosioides (semi-contract) – dysentery – Trinidad
Cuscuta americana (love bush) – laxative – Haiti
Gossypium barbadense (cotton bush) – laxative – unspecified location
Hyptis suaveolens (pick nut) – purgative – Trinidad
Jatropha curcas (physic nut) – purgative – Venezuela
Manilkara zapota (naseberry) – dysentery – Mexico
Morinda royoc (strong back) – diarrhoea, purgative – Haiti
Opuntia tuna (tuna) – diarrhoea – United States
Peperomia pellucida (pepper elder) – diarrhoea – Trinidad
Persea americana (avocado pear) – dysentery – Haiti
Plantago major (English plantain) – laxative – Iraq

Table 7.2 *continued*

Cancer

Momordica charantia (bitter cerasee) – tumour – Brazil

Capital bush

Eryngium foetidum (fit weed) – cold, many other conditions – Trinidad

Cholera

Andrographis paniculata (rice bitters) – dysentery – Malaya

Clean teeth

Andrographis paniculata (rice bitters) – dentifrice – Mexico
Gouania lupuloides (chewstick) – dentifrice – Mexico

Clean skin

Andrographis paniculata (rice bitters) – bactericide – India

Colds

Achyranthes indica (devil's horsewhip) – fever – Trinidad
Aloe vera (sinkle bible) – fever – Malaya
Annona reticulata (custard apple) – fever – Malaya
Argemone mexicana (thistle) – fever – Haiti
Asclepias curassavica (Indian root, red head) – fever – Haiti
Bidens cynapiifolia (Spanish needle) – fever – Trinidad
Cannabis sativa (ganja) – cold, cough – India (Santal)
Cassia alata (king-of-the-forest) – fever – Mexico
Cecropia peltata (trumpet bush) – cough, fever – Trinidad
Cymbopogon citratus (fever grass) – fever – Trinidad
Cynodon dactylon (Bahama grass) – cough – Egypt
Eryngium foetidum (fit weed) – fever – Venezuela
Eupatorium odoratum (jack-in-the-bush) – fever – Trinidad
Foeniculum vulgare (fennel) – expectorant – Turkey
Gliricidia sepium (Aaron's rod) – fever – Panama (Choco)
Gossypium barbadense (cotton bush) – expectorant – unspecified location
Gouania lupuloides (chewstick) – fever – Haiti
Hyptis suaveolens (pick nut) – expectorant, fever – Trinidad
Lantana camara (red sage) – fever – Trinidad
Manilkara azpota (naseberry) – fever – Mexico
Mentha spicata (black mint, spiritual mint, spearmint) – fever – unspecified location
Mikania micrantha (guaco bush) – fever – Haiti
Momordica charantia (bitter cerasee) – fever – Trinidad
Nicotiana tabacum (tobacco) – expectorant – Turkey
Ocimum basilicum (basil) – fever – Mexico
Ocimum micranthum (balm) – fever – Haiti
Origanum majorana (China mint) – expectorant – unspecified location

Table 7.2 *continued*

Passiflora foetida (sweet cup) – cough – Trinidad
Peperomia pellucida (pepper elder) – fever – Java
Piper umbellatum (colt's-foot, cow-foot) – cough – Java
Plantago major (English plantain) – fever – unspecified location

Priva lappulacea (velvet bur) – cough – unspecified location
Pseudelephantopus spicatus (dog's tongue) – fever – Trinidad
Psidium guajava (guava) – fever – unspecified location
Ricinus communis (castor oil plant) – fever – Mexico
Sambucus simpsonii (elder) – cold – Dominica
Solanum torvum (gully bean) – cough – Sierra Leone
Stachytarpheta jamaicensis (vervain, vervine, porter bush) – rhinitis – Samoa
Terminalia catappa (almond) – fever – Philippines
Tunera ulmifolia (ram-goat dashalong) – fever – Bahamas
Urena lobata (red ballad) – fever – Sumatra
Wedelia trilobata (marigold) – fever – Trinidad

Colic

Eryngium foetidum (fit weed) – diaphoretic – Dominican Republic
Peperomia pellucida (pepper elder) – diarrhoea – Trinidad

Constipation

Aloe vera (sinkle bible) – purgative – Nepal
Momordica charantia (bitter cerasee) – purgative – Mexico
Ricinus communis (castor oil plant) – purgative – Venezuela

Convulsions, fits, seizures

Eryngium foetidum (fit weed) – fits – unspecified location

Cuts, wounds

Annona muricata (soursop) – astringent – Mexico
Bryophyllum pinnatum (leaf-of-life) – haemostat, wound – unspecified location
Bursera simaruba (birchwood) – wound – unspecified location
Cannabis sativa (ganja) – wound – India
Jatropha curcas (physic nut) – wound – Philippines
Justicia pectoralis (fresh cut) – wound – Venezuela
Mikania micrantha (guaco bush) – styptic, wound – Fiji
Opuntia tuna (tuna) – poultice – United States
Passiflora foetida (sweet cup) – wound – unspecified location
Plantago major (English plantain) – wound – United States
Psidium guajava (guava) – wound – Philippines
Ricinus communis (castor oil plant) – wound – Rhodesia

Depression

Ocimum basilicum (basil) – Greece

Table 7.2 *continued*

Diabetes

Andrographis paniculata (rice bitters) – Java
Aristolochia trilobata (countriebo) – Trinidad
Artocarpus altilis (breadfruit) – Trinidad

Catharanthus roseus (periwinkle) – Trinidad
Cecropia peltata (trumpet bush) – Mexico
Eryngium foetidum (fit weed) – Trinidad
Eupatorium odoratum (jack-in-the-bush) – Trinidad
Momordica charantia (bitter cerasee) – diabetes mellitus – Puerto Rico

Diuretic

Bursera simaruba (birchwood) – Mexico
Cassia occidentalis (dandelion) – Venezuela
Cecropia peltata (trumpet bush) – Uruguay
Cunodon dactylon (Bahama grass) – Turkey
Foeniculum vulgare (fennel) – Turkey
Jatropha curcas (physic nut) – Africa
Manilkara zapota (naseberry) – Venezuela
Persea americana (avocado pear) – unspecified location
Phyllanthus amarus (Jamaica weed) – Haiti
Piper umbellatum (colt's foot, cow foot) – Zaire
Solanum torvum (gully bean) – Mexico
Taraxacum officinale (dandelion) – United States

Dizziness and fainting spells

Annona muricata (soursop) – fainting – Trinidad

Ear ailments

Bidens cynapiifolia (Spanish needle) – bactericide – Trinidad
Bryophyllum pinnatum (leaf-of-life) – bactericide – Trinidad
Terminalia catappa (almond) – ear – Samoa

Emetic

Annnona squamosa (sweetsop) – purgative – Venezuela
Asclepias curassavica (Indian root, red head) – purgative – Venezuela
Catharanthus roseus (periwinkle) – purgative – Trinidad
Stachytarpheta jamaicensis (vervain, vervine, porter bush) – purgative – Trinidad

Emmenagogue

Chenopodium ambrosioides (semi-contract) – United States
Eupatorium odoratum (jack-in-a-bush) – Mexico
Ocimum micranthum (balm) – Panama
Origanum majorana (China mint) – Turkey
Passiflora foetida (sweet cup) – Venezuela
Persea americana (avocado pear) – Panama

Table 7.2 *continued*

Enema

Plantago major (English plantain) – laxative – Iraq

Epilepsy

Eryngium foetidum (fit weed) – fits – unspecified location

Erysipelas

Aloe vera (sinkle bible) – skin – China
Jatropha curcas (physic nut) – skin – Mexico
Manihot esculenta (bay grass) – inflammation – Haiti
Plantago major (English plantain) – skin – unspecified location

Eye ailments, including cataracts

Argemone mexicana (thistle) – eye – Guatemala
Stachytarpheta jamaicensis (vervain, vervine, porter bush) – cataract – Ghana

Febrifuge

Eryngium foetidum (fit weed) – fever – Venezuela
Hyptis suaveolens (pick nut) – fever – Trinidad
Jatropha curcas (physic nut) – fever – Trinidad
Leonotis nepetifolia (basaida tree) – fever – Haiti
Lippia alba (cassava flower, cullen mint, colic mint) – fever – Trinidad

Fever

Achyranthes indica (devil's horse-whip) – Trinidad
Annona reticulata (custard apple) – Malaya
Argemone mexicana (thistle) – Haiti
Aristolochia trilobata (countriebo) – Belize
Asclepias curassavica (Indian root, red head) – Haiti
Bidens cynapiifolia (Spanish needle) – Trinidad
Bursera simaruba (birchwood) – Mexico
Cassia occidentalis (dandelion) – Venezuela
Cecropia peltata (trumpet bush) – Trinidad
Cymbopogon citrates (fever grass) – Trinidad
Eryngium foetidum (fit weed) – Venezuela
Gliricidia sepium (Aaron's rod) – Panama (Choco)
Gouania lupuloides (chewstick) – Haiti
Hyptis suaveolens (pick nut) – Trinidad
Jatropha curcas (physic nut) – Trinidad
Justicia pectoralis (fresh cut) – Trinidad
Lantana camara (red sage) – Trinidad
Leonotis nepetifolia (basaida tree) – Haiti
Lippia alba (cassava flower, cullen mint, colic mint) – Trinidad
Manilkara zapota (naseberry) – Mexico

Table 7.2 *continued*

Momordica charantia (bitter cerasee) – Trinidad
Ocimum basilicum (basil) – Mexico
Ocimum micranthum (balm) – Haiti

Persea americana (avocado pear) – Mexico
Pluchea odorata (bitter tobacco) – Venezuela
Sida acuta (broomweed) – Trinidad
Stachytarpheta jamaicensis (vervain, vervine, porter bush) – Trinidad
Turnera ulmifolia (ram-goat dashalong) – Bahamas
Urena lobata (red ballad) – Sumatra
Zingiber officinale (ginger) – Trinidad

Gas

Eryngium foetidum (fit weed) – carminative – Trinidad
Momordica charantia (bitter cerasee) – carminative – unspecified location
Ocimum basilicum (basil) – carminative – Turkey
Rosmarinus officinalis (rosemary) – carminative – Turkey
Thymus vulgaris (thyme) – carminative – Mediterranean

Gum ailments, oral disorders

Asclepias curassavica (Indian root, red head) – caries – Venezuela
Gouania lupuloides (chewstick) – gingivitis – unspecified location
Jatropha curcas (physic nut) – inflammation – unspecified location
Lantana camara (red sage) – inflammation – Philippines

Headache

Atrocarpus altilis (breadfruit) – anodyne – Trinidad
Canella winterana (wild cinnamon) – ache (head) – Bahamas
Nicotiana tabacum (tobacco) – anodyne – Trinidad
Ocimum basilicum (basil) – anodyne – China
Ocimum micranthum (basil) – anodyne – Haiti
Persea americana (avocado pear) – ache (head) – Trinidad
Petiveria alliacea (duppy weed) – ache (head) – Mexico
Pimenta dioica (pimento) – anodyne – Turkey
Plantago major (English plantain) – anodyne – Dominican Republic
Ricinus communis (castor oil plant) – anodyne – China

Haemorrhage

Lantana camara (red sage) – haemostat – Panama
Psidium guajava (guava) – haemostat – Haiti

Haemorrhoids

Gossypium barbadense (cotton bush) – laxative – unspecified location

Table 7.2 *continued*

Heart

Cassia occidentalis (dandelion) – heart, heart attack – Trinidad
Taraxacum officinale (dandelion) – United States (New Mexico)

Heart ailments

Cecropia peltata (trumpet bush) – cardiotonic – Uruguay
Jatropha curcas (physic nut) – heart – Bahamas

High blood pressure

Annona muricata (soursop) – hypertension – Trinidad
Artocarpus altilis (breadfruit) – hypertension – Trinidad
Bryophyllum pinnatum (leaf-of-life) – hypertension – Haiti
Catharanthus roseus (periwinkle) – hypertension – Trinidad
Cynodon dactylon (Bahama grass) – hypertension – Mexico
Eryngium foetidum (fit weed) – hypertension – Trinidad
Momordica charantia (bitter cerasee) – hypertension – Trinidad
Persea americana (avocado pear) – hypertension – Panama

Insect bite

Manilkara zapota (naseberry) – astringent, inflammation – Venezuela
Psidium guajava (guava) – astringent – Venezuela

Insomnia

Argemone mexicana (thistle) – sedative – Haiti
Lippia alba (cassava flower, cullen mint, colic mint) – sedative – Trinidad
Plantago major (English plantain) – sedative – China

Jaundice

Cassia occidentalis (dandelion) – Ivory Coast
Jatropha curcas (physic nut) – Upper Volta
Taraxacum officinale (dandelion) – Iraq

Nausea, vomiting sickness

Achyranthes indica (devil's horse-whip) – flu – Trinidad
Eupatorium odoratum (jack-in-a-bush) – flu – Trinidad
Mentha spicata (black mint, spiritual mint, spearmint) – nausea – United States

Nerves

Annona muricata (soursop) – sedative – Curaçao
Cannabis sativa (ganja) – sedative – Spain
Catharanthus roseus (periwinkle) – sedative – Trinidad

Nervous disease

Annona muricata (soursop) – sedative – Curaçao
Chenopodium ambrosioides (semi-contract) – nervine – Turkey
Manilkara zapota (naseberry) – sedative – Haiti
Rosmarinus officinalis (rosemary) – stress – China
Stachytarpheta jamaicensis (vervain, vervine, porter bush) – sedative – Haiti

Table 7.2 *continued*

Pain in back

Morinda royoc (strong back) – anodyne – Haiti

Pain in foot

Opuntia tuna (tuna) – poultice – United States

Pain

Bryophyllum pinnatum (leaf-of-life) – anodyne – Malaya
Cannabis sativa (ganja) – sedative – Spain
Chenopodium ambrosioides (semi-contract) – anodyne – United States
Nicotiana tabacum (tobacco) – sedative – United Kingdom
Pimenta dioica (pimento) – anodyne – Turkey

Panacea

Andrographis paniculata (rice bitters) – tonic – India
Cannabis sativa (ganja) – tonic – China
Eryngium foetidum (fit weed) – Dominica
Ocimum basilicum (basil) – medicine – Samoa

Pneumonia and other pulmonary disorders

Bryophyllum pinnatum (leaf-of-life) – bactericide – Trinidad
Eryngium foetidum (fit weed) – pneumonia – Trinidad
Sida acuta (broomweed) – pneumonia – Guam

Pressure

Catharanthus roseus (periwinkle) – sedative – Trinidad
Stachytarpheta jamaicensis (vervain, vervine, porter bush) – sedative – Haiti

Prostate cancer

Cassia occidentalis (dandelion) – tumour – Mexico

Purify blood

Andrographis paniculata (rice bitters) – diabetes – Java

Rheumatism

Annona squamosa (sweetsop) – India (Santal)
Bursera simaruba (birchwood) – Venezuela
Canella winterana (wild cinnamon) – Bahamas
Eryngium foetidum (fit weed) – Haiti
Hyptis verticillata (his hog money) – unspecified location
Jatropha curcas (physic nut) – Upper Volta
Lantana camara (red sage) – Philippines
Lantana trifolia (mother baker) – Venezuela
Manilkara zapota (naseberry) – inflammation – Venezuela
Momordica charantia (bitter cerasee) – Trinidad
Ocimum micranthum (balm) – Mexico
Ricinus communis (castor oil plant) – Somalia

Table 7.2 *continued*

Rosmarinus officinalis (rosemary) – Venezuela
Similax regelii (Jamaica sarsaparilla) – Europe

Ringworm

Cassia alata (king-of-the-forest) – Samoa
Cassia occidentalis (dandelion) – Sudan

Scrofula

Similax regelii (Jamaica sarsaparilla) – Europe

Sickness

Ocimum micranthum (balm) – anodyne, fever – Haiti

Skin diseases

Cassia occidentalis (dandelion) – skin – Venezuela
Eupatorium odoratum (jack-in-a-bush) – inflammation – Dominican Republic
Gliricidia sepium (Aaron's rod) – skin – Guatemala
Momordica charantia (bitter cerasee) – skin – Haiti
Nicotiana tabacum (tobacco) – skin – unspecified location
Passiflora foetida (sweet cup) – inflammation – Curaçao
Similax regelii (Jamaica sarsaparilla) – skin – Europe
Taraxacum officinale (dandelion) – skin – Mexico

Sores

Stachytarpheta jamaicensis (vervain, vervine, porter bush) – inflammation – unspecified location

Spice

Pimenta dioica (pimento) – Turkey

Sprains

Sida acuta (broomweed) – swelling – unspecified location

Stomach

Piper umbellatum (colt's foot, cow foot) – dysentery – Africa

Stomach-ache

Hyptis capitata (piaba) – carminative – Trinidad
Momordica charantia (bitter cerasee) – dysentery – Trinidad
Phyllanthus nirui (dysentery) – Marianas Islands
Pimenta dioica (pimento) – carminative – Turkey
Psidium guajava (guava) – dysentery – Venezuela

Strain

Corchorus siliquosus (broomweed) – inflammation – Haiti

Sudorific

Eryngium foetidum (fit weed) – Haiti
Ocimum basilicum (basil) – Turkey
Rosmarinus officinalis (rosemary) – Turkey
Solanum torvum (gully bean) – Mexico

Table 7.2 *continued*

Swelling in joint

Sida acuta (broomweed) – swelling – unspecified location

Tetanus

Cannabis sativa (ganja) – United States

8

Conclusion

Thrush

Jatropha curcas (physic nut) – Bahamas

Tonic

Canella winterana (wild cinnamon) – Turkey

Morinda royoc (strong back) – Haiti

Psidium guajava (guava) – unspecified location

Similax regelii (Jamaica sarsaparilla) – Central America

Toothache

Zingiber officinale (ginger) – ache (tooth) – New Guinea

Tuberculosis

Aloe vera (sinkle bible) – Java

Catharanthus roseus (periwinkle) – Bahamas

Urinary disorders

Plantago major (English plantain) – urethritis – China

Venereal disease

Bursera simaruba (birchwood) – venereal disease – Mexico

Cassia occidentalis (dandelion) – venereal disease – Upper Volta

Cecropia peltata (trumpet bush) – gonorrhea – Haiti

Opuntia tuna (tuna) – gonorrhea – United States

Piper umbellatum (colt's foot, cow foot) – gonorrhea – Zaire

Similax regelii (Jamaica sarsaparilla) – venereal disease – Europe

Vermifuge

Aloe vera (sinkle bible) – China
Annona muricata (soursop) – Panama
Asclepias curassavica (Indian root, red head) – Turkey
Cassia alata (king-of-the-forest) – Trinidad
Cassia occidentalis (dandelion) – Panama (Choco)
Chenopodium ambrosioides (semi-contract) – Venezuela
Eryngium foetidum (fit weed) – Trinidad
Hyptis pectinata (piaba) – Malagasy
Jatropha curcas (physic nut) – Venezuela
Ocimum basilicum (basil) – unspecified location
Stachytarpheta jamaicensis (vervain, vervine, porter bush) – unspecified location

Washout

Aloe vera (sinkle bible) – purgative – Nepal

Wild tonic

Similax regelii (Jamaica sarsaparilla) – tonic – Central America

The first question that comes to mind was raised but only adumbrated in the introduction. It concerns the tenacity of folk medicine in Jamaica and the projections for its continued practice, in the context of general modernization and an official biomedical system that tries to keep abreast of, and contribute to, the contemporary advances in medicine and pharmacology. For example, the Faculty of Health Sciences of the University of the West Indies conducts extensive research and maintains an important West Indian medical journal with international circulation. Private hospitals, clinics and laboratories (and to a lesser extent their government counterparts) try to equip themselves with the most up-to-date diagnostic and therapeutic technology. In the field of pharmacology, outstanding successes have been achieved with the production of drugs to combat glaucoma and cancer, using native plants as the base. Health care is one area in which governments find that they have to be continually responsive to perceived public demands.

Side by side with this modern, scientific and highly technological medical system is the contrasting folk medical system. The position that we have taken in this book is that the continued flourishing of folk medicine in Jamaica can be attributed both to functional factors – social, economic and ecological circumstances and government policies – and to historical, cultural and cognitive factors. The functional factors are expected to persist for some time to come, as the downturn or stagnation in the Jamaican economy will prevent biomedical services, including pharmaceuticals, from becoming

easily accessible to the entire population. It is to be expected that this will lead to a continued reliance on folk medicine, at least in some of its manifestations.

Another factor that reinforces the continued practice of folk medicine involves the use of herbs and spiritual/societal supports for healing. We refer to the current resurgence of herbal medicine and the growing recognition of the importance to health of the mind and spirit, in the context of alternative, or complementary, medicine. A number of such practices now exist in Jamaica and are gaining mainstream respectability, as well as a larger clientele. These practices are, of course, an extension of developments in this area within Western societies in general. The Jamaican practitioners of folk medicine use internationally recognized herbs such as sinkle bible (*Aloe vera*), dandelion (*Cassia occidentalis*), rosemary (*Rosmarinus*) and ganja (*Cannabis sativa*), but they also employ local herbs whose therapeutic properties are part of the generalized herbal lore existing within the Jamaican population. Many people who might not otherwise have consulted folk herbalists may now do so with more confidence and less fear that they will lose respectability. The folk practitioners may then see their practices gain wide social acceptance and become more entrenched as part of a mainstream alternative therapy.

Yet another important dimension of the prognosis for folk medicine in Jamaica is the reaction of a growing number of people to the declining economic and moral situation. We refer to the tendency, which can be observed in many other parts of the world, to eschew materialistic goals and seek self-fulfilment in spiritual pursuits. This embrace of, and return to, spirituality benefits those forms of religion which place communion with the spirits and the Holy Ghost at the centre of their religious observance and belief systems. Denominations such as Revival, Pentecostal and Spiritual Baptists are growing in Jamaica, and, therefore, more people are being exposed to the availability of the spiritual healing practised by these churches.

It would also be useful to ask whether there is an increasing socio-economic divide within Jamaican society. Again, it is a very generalized, almost worldwide, phenomenon, associated with globalization, free-market economics and structural adjustment, that "the rich are getting richer and the poor are getting poorer". Jamaica is an illustrative case. With the increasing economic divide comes a parallel cultural divide. One observes an emphasis on ethnicity which may be related to the economic situation, as in the case of the return to spirituality noted above, but which goes beyond mere passive

religious observance to include aggressive assertion of aspects of culture such as language and music.

The growing popularity of the Jamaican language and Jamaican popular music is one of the most significant aspects of the contemporary socio-cultural situation. On the one hand, these cultural forms are gaining national ground and are offering a serious challenge to English and to non-Jamaican music as symbols and instruments of ethnic and national identity. On the other hand, the cultural polarization of Jamaica is being accentuated, as it is no longer simply the case that English enjoys pre-eminence and the Jamaican language is expected to accept a subordinate role or die. Given the cultural dynamics of the moment, the question is whether we may expect to see other forms of folk/popular culture, such as folk medicine, begin to join the Jamaican language and Jamaican music in challenging the established norm seen as imposed from outside.

This brings into focus the language of medical consultations. This important issue will have to be the subject of a new phase of research. Suffice it to say here that the language issue invades the domain of medical consultation and pits the Jamaican language of the patient against the scientific English of the medical practitioner. This involves not only language as form but language as the embodiment of meanings around which the folk medical system is organized. These forms and meanings, as we suggested in our analyses, have been undergoing some measure of restructuring and reinterpretation in their contact with biomedicine. Yet the question remains whether there will be a change in this process as the social circumstances of the Jamaican language change and the language achieves some degree of equality in the relations of power. In other interactional and communicative areas, the onus of making the accommodation may be shifting from the common people to the elite. Politicians find that they have to speak the language of the people. Similarly, educators and other professionals are being obliged to allow incursions of the Jamaican language into their respective domains. Is it to be expected that doctors will in the future be forced to make the same kind of accommodation?

We have noted that the existence of two (idealized) medical systems has been "rationalized" by the people in ways that remove or minimize any conflict. New knowledge and belief systems have emerged which fuse elements from both systems. This was illustrated, for example, by the case of the folk aetiology of diabetes. This rationalization within the folk medical system is, of course, part of a wider process of rationalization of two (idealized) cul-

tural systems (conveniently identified as "European" and "African") which Jamaicans have had to manipulate throughout the course of their history. This was illustrated, for example, by the case of the riba muma. Yet, other aspects of rationalization were noted. Folk practitioners insist that their clients first consult a biomedical practitioner. The way in which different therapeutic options are managed by the people shifting between biomedical practitioners and therapies and folk practitioners and therapies shows a population grappling with two systems and working out some "rational" solution based on a number of factors.

However, it has not been all a picture of rationalization processes. Considerable conflicts remain. A major source of conflict is the huge differential in social value attached to the two systems. The biomedical system (and the European/North American cultural system with which it is linked) is associated with modernization, progress and development, high technology, high social status and economic power. The folk medical system – despite what we said earlier about the rising reputation and social status of alternative medicine, with which folk medicine shares some elements – is associated in mainstream thinking with backwardness, lack of enlightenment, low social status, poverty and illegality.

It is interesting to reflect on what may be the thinking of the "folk" with regard to the folk medical system. It is very likely that, beyond the rationalizations that have taken place, conflicts still remain in people's minds. They have to overtly reject certain aspects of the folk medical beliefs and practices while retaining a residue of belief and a reservoir of conviction. They would like to seek the official biomedical therapies, either because that would suggest social mobility or because they have come to believe in the efficacy of such therapies (at least for some illnesses). However, economic factors and the logistic problems of access and the worsening conditions at public hospitals and clinics often prevent people from availing themselves of these therapies. The detailed study of the beliefs of the Jamaican people and their attitudes towards the two medical systems, folk and official, will have to be done in yet another phase of research.

The psychological conflicts that emanate from such a condition may be enormous, but they have not been properly studied or even recognized, except perhaps in the case of mental illnesses which are reported to arise from religious conflicts or from conflicts between obeah and Christianity. Again, it has to be noted that such conflicts are by no means restricted to the area of medical beliefs and practices.

Language behaviour is also subject to the same psychological processes. Rationalization has taken place historically, by the emergence of forms of speech which showed some degree of accommodation to the dominant hegemonic norm and allowed some degree of communication with the dominant socio-economic and military/colonial power. At the same time, the folk language has retained a degree of separation which has facilitated intra-group communication. "Rationalized" language behaviour continues to take place, in the form of code switching, which is regulated by several factors. These include conflictual factors, such as the pressure to move towards English for socio-economic mobility and socio-cultural status and the simultaneous limited access to English, which makes it necessary to use the Jamaican language. Spiritual and ideological motivations also strengthen the attachment to this Jamaican language as an expression of ethnic (and, increasingly, national) identity. In the area of religion, we have discussed parallel processes in accommodation/rationalization and in code switching.

We are left, finally, to ponder the moral question of what should be the national policy and attitude towards folk medicine in the context of the ineluctable march towards modernization. To what extent should folk medicine become the target of social engineering? Should laws banning obeah be repealed? There is a widespread feeling among biomedical practitioners that folk medicine is at best to be merely tolerated but should really be encouraged to fade away, leaving biomedicine to do its work without interference. This is the attitude exemplified in the comments made by a public health nurse: "We don't condemn them [folk healers and persons who have consulted folk healers] when they come, but we try to talk to them to educate them." Social engineering to defeat folk medicine may not always be an active, conscious, explicit pursuit. It may nonetheless be implied in the near-total absence of recognition given to folk medicine by official institutions.

There are differences in the way the official state system treats folk language, folk religion and folk medicine. Generally speaking, there is no clear, unambiguous, active recognition of any of these folk forms on the part of official institutions. However, consciously or unconsciously, the Jamaican language enters the classroom as an alternative language of instruction, and especially as the language used by teachers for discipline and for repeating instructions which appear not to be fully understood when delivered in English. During one particular political period, Revivalist pastors were invited to official state occasions. As far as folk medicine is concerned, there has been one, rather marginal, instance of recognition, when an attempt was

made to integrate the nanna (lay midwife) into the official maternity service in the parish of Portland. The attempt was made by a Dutch senior medical officer recruited on contract to Jamaica under an agreement with the Netherlands. There is no indication that this model has been extended to other parishes.

While there have been no official evaluative reports on the experiment in Portland, it seems evident that it is a most desirable model which should be given a chance to work and should be expanded to other geographical areas and to other practitioners. It would seem desirable that some form and degree of integration of the two medical systems, the biomedical and the folk, should take place, from both a pragmatic and a moral point of view, as well as from the perspective of the evolution of scientific systems.

Several such calls for integration in Jamaica and the wider Caribbean have been made. Singer and colleagues (1967) reported on a system of integrating traditional methods of healing with modern treatment systems in a rural community in Guyana, in which doctors at a mental hospital collaborated with East Indian Kali healers. Alexis (1981) recommended that in developing primary health-care programmes in St Lucia, some method of integrating folk medicine and modern medicine should be explored. Griffith (1983b) regrets that little attention has been paid to models that combine religious healing, traditional medicine and psychiatric care. His study of a church-based healing clinic in Jamaica describes such a tripartite collaboration model. However, in another work (1983a), Griffith reported that, due to the differing social and cultural backgrounds of the persons involved, the collaboration was found to produce tension and did not always provide an integrated healing system.

The pragmatic merit of integration is in the fact that it is already in part an unplanned and unprogrammed reality, and, in the circumstances, it seems to work quite well. Its effect on the economy of Jamaica has not been studied. However, it is possible to speculate that the use of herbs instead of over-the-counter and prescription drugs has reduced the national bill for pharmaceuticals. Since these pharmaceuticals are largely imported, the hard-currency savings may be considerable in a country that has been suffering for decades from hard-currency shortages. Government expenditure is obviously reduced by not having to provide pharmaceuticals for persons who are curing themselves, or are being cured, by the use of herbs. This is more obviously true for past periods when pharmaceuticals were issued free of charge to people attending government hospital and clinics, but there is still a saving today in

the partial cost-recovery system introduced by the government.

The moral argument for integration is that folk medicine is a positive achievement of the Jamaican people which is not to be summarily rejected as being incompatible with modernization. Integration addresses the question of the models of development that are to be pursued. Whereas, as we have noted, development in the form of Western-type modernization is both a desirable goal and perhaps inevitable and irresistible, the question always arises, in Jamaica and in the rest of the non-Western world, as to whether modernization should take place at the expense of the indigenous culture or in harmony with it; and as to whether globalization can be compatible with the preservation of separate ethnicities. This is a dilemma facing Jamaica and other developing countries. The problem is often posed with respect to language (one mainstream commentator rhetorically asked: "Can the computer understand Jamaican patois?"), and the pros and cons of an expanded role for the Jamaican language in a modernizing Jamaica are hotly debated. Folk music is tolerated, and folk world view is misinterpreted and summarily condemned as being a clear impediment to development and progress. The problem is hardly ever posed with regard to folk religion and folk medicine, as the uncritical assumption is that they are incompatible with modern development.

Yet, some countries have succeeded in protecting and maintaining vital aspects of their indigenous culture as the cultural base on which development takes place, and integration with modern technological systems has been one of the processes adopted. Far from being an impediment to modernization, the indigenous cultural base can be seen as the spiritual and moral force which drives the development process. In many cases, the role of the indigenous cultural base goes beyond that of the spiritual and moral force and becomes the springboard for scientific technological development.

In this latter case, of all the forms of the indigenous cultural base, folk medicine is perhaps the best placed to integrate with its modern scientific counterpart and (through the process of integration) provide the springboard for development. Indeed, we noted earlier that folk medicine is the best example of folk science and technology.

There exist in the history of science notable examples where the marriage of folk craft and theoretical science has led to important advances in science and technology. The development of printing from its invention in the Renaissance owed a great deal to the coming together of the technology of the press and the popular oral works of the time. It was the fables, mysteries

and morality plays, as much as the scientific treatises of the day, which gave the impetus and the economic support for the expansion and progress of the press and associated technologies such as bookbinding and typecasting (Davis 1981). Mason (1962, 138) shows how "during the 16th century the barrier between the craft and scholarly traditions began to break down. Guild secrecy faded out, craftsmen began recording the lore of their tradition and assimilating some scholarly knowledge, whilst some scholars became interested in the experience and the methods of the craftsmen." This led to a union between craft lore and scholarly knowledge and between empirical study and the theoretical study of nature. Mason adds (p. 143) that Bacon himself understood how "many principles lay hidden and unnoticed in everyday craft processes, which were thus a valuable source of scientific knowledge".

Here again we may mention the case of the development, by a University

Drugstore Medicines

Kingston, Jamaica

of the West Indies team consisting of a biochemist and a pharmacologist (Dr West and Dr Lockhart), of a glaucoma drug based on an extract from the marijuana (ganja) plant. Periwinkle (in Jamaica, "ram-goat rose") is another plant that has yielded important alkaloids found to possess anti-tumour properties and used in the treatment of Hodgkin's disease and other lymphomas. It began by building a reputation in Jamaican folk medicine as an astringent to treat diabetes and hypertension (cf. Lowe 1977). These and other ongoing scientific investigations targeting ganja and other herbs were and are no doubt based on the therapeutic reputation earned by these herbs through long use and experimentation by the folk.

It is particularly among the Maroons that such experimentation and empirical investigation at the folk level are taking place in Jamaica. It has been reported (see the undated report entitled *Welcome to the World of Maroon Traditional Medicine*, sponsored by the Accompong Traditional Medicine Creative Group and Youth Project and the Centre for Natural and Traditional Medicines) that "The preparation and administration of actual treatments is currently being refined into a systematized and documented for-

mat in order to offer a more comprehensive community care. The creation of a written Maroon *Materia Medica* is now underway." This resembles in some way the beginning of the transformation of Ayurvedic medicine into a documented scientific practice.

But perhaps the most exciting projection for integration comes from the possibility that folk medicine could provide that dimension of therapy that engages the mind and the spirit (with the support of the community and the human ambience) in the process of healing. We are coming more and more to realize what African and Jamaican folk have always known, that the mind, spirit, body and community are interdependent and integrated into a whole. Folk practitioners – herbalists, spiritual mothers, pastors and others – are in close communion with their communities and church membership; they speak the language of their patients; and they also commune with the spirits. Were all this to enter into some well-thought-out, well-informed scheme of collaboration, would it not augur well for the future social, economic, cultural, moral and human development of Jamaica? We sincerely hope that this modest book will help to show the way.

Parade Street Pharmacy One

Powders

Grandpa's Fast Luck Drawing, Helping Hand, Strong Love, Spiritual Power, Steady Work, Controlling Powder, Fast Luck, Jinx Removing, 7 African Powers, Dr Sonny's Special 20, Lucky Remember, Court High John the Conqueror (spiritual removal), Dr Pryors House Dressing and Moving, Dr Pryors Compelling, Three Witches, Lucky Dream.

Oils

Fire of Love, Crown of Success, Blessing, Bergamot, Peppermint, Breaker, Grandpas Luck, Lucky 13 Dream Oil, Lucky Prophet Oil, Strong Love Oil, Gamblers, Hyssop, Patchol, Holy, Come to Me, Sacred, Rosemary, Japo Money Drawing, Fast Luck, Strong Love Oil, 7 Holy Spirit Bath Oil, Spiritual Gum, Turpentine Oil, Rosemary Oil, Fire of Love Oil, Grandmas Lucky Oil, Blessing, Lucky 13 Oil, Crown of Success Oil, Ten Commandment Oil, Court Case Oil, 7-11 Holy Oil, King Solomon Oil, Prosperity Oil, 5 Mile Oil, Deliverance Oil, Musk Oil, Lucky Oil, Crowd Oil.

Incense

Helping Hand (can), Love Me Incense (can), Sticks, Sure Luck, Attraction, Come to Me, Quick Money, Protection, Fast Money, Indian Fruits (money sticks), Strawberry, Cast off Red Spirits, Hindu's Oriental Egyptian Temple, Crown of Success.

Bath and Floor Wash

7 Holy Spirit Hyssop Bath Oil, High Power, Van Van, Luck New Orleans, Come to Me, Glory Water, Old Indian Clean Water, Fast Money Blessing, Do As I Say, Keep Away Enemies, Lucky 13, Peaceful Home, High John the Conqueror, Lucky Gamblers.

Perfumes

Lilly of the Valley, Lucky Cross, Mile, Love Egyptian, King Solomon, Leo Zodiac, Pisces Zodiac, Luckie Jickie, Attraction Perfume, Good Luck Perfume, Touch Me Not, Success, Commandment.

Spray

Money, Most Powerful Helping Hand, Cherokee, Quick Drawing Money, St Michele Archangel, St Gabriel, Command Do My Will.

Bath Crystals (All-Powerful Indian)

Good Luck, Quick Money, Angel Sand, Fast Luck, John the Conqueror (spirit removal), Dragon's Blood, Sal Para Mandarle.

Soaps

Lucky Gamblers, Jinx Removing Commanding Power, Fast Money Drawing, Holy Spirit, Crown of Success.

Miscellaneous

Sulphur Bitters, Solomons Kanaga Water, India Lavendar, Money Drawing, Love Drawing, Fast Success, Van Van, High John Conqueror, Mentholated Spirit, Oga Cardal, Vino de Carne y Hierro Tonico, Codol (build-up tonic), Phosto Tesbin (loss of vital force in men and women), Aromatic Bitters, Blue Stones, Blue Balls, Quick silver, Gold powder.

Candles

Main colours: red, green, black, white. *Figures:* red, green, black, white (in the form of humans, crosses, cats, flowers). *Crosses:* white, red, black. *Straight candles:* blue, gray, light purple, mixed blends of colours. (Blue on court candle, red on commandment candle, green on luck candle, black on jinx and flower candles.)

Drawer Labels of Medicines

Alum, Drinking Sulphur, Senna Leaves, Drinking Soda, Salt Peter, Rubbing Sulphur, Senna Pod, Borax Powder, Boric Powder, Frankencense, Myrrh.

Peppers/Vinegars/Wines

Commanding Pepper, Drive Away Evil Pepper, White Cane Vinegar, Flavored Cane Vinegar, Allspice, Vanilla, Sparkling Wine of John the Conqueror, Four Thieves Vinegar, Authentic River Jordan Holy Water.

Books

Solid Gold Dream Book. Modernistic, 1001 Dreams Interpreted, Fortunate Numbers.
The Master Book of Candle Burning. Henri Gamache. (How to burn candles for every purpose.)
Dr. Pryor's Lucky Number Master Dream Book. El Libro de los Suenos. Wisdom Book No. 7.
Protection Against Evil. Henri Gamache.
The Magic of Herbs. Henri Gamache.
Voodoo Handbook of Cult Secrets. Anna Riva. (Ouanga bags, possession, how to use roots, herbs, oils, powders, stones, and so on.)
Aunt Sally's Policy Players Dream Book. Study of the Harmony of Numbers.
King Tut Dream Book. Policy Player and Fortune Teller. Lama Temple.
Legends of Incense, Herb and Oil Magic. De Caremont.
The Three Witches or *Combo Dream*. Dictionary.
Three Wise Men Dream Book. Almanac 1990 ed.
Eighth, Ninth, and Tenth Lost Books of Solomon?
Key to the Psalms?

Law Street Drugstore

General Names for Oils, Incense, Baths, Washes and Sprays

Fast Luck, Jinx Removing, Money Drawing, John-the-Conqueror, Seven African Powers, Adam and Eve Lovers Attraction, All Purpose, Success, Protection.

Notes

Soaps

Stop Evil, Love Drawing.

Baths

Stop Evil, Dragons Blood, Van Van Floor Wash, Chinese House Wash, Success Bath Salts, Devils Shoestring, Van Van, Lucky New Orleans, Glory Water Bath/Floor.

Oils

Do As I Say, Sandalwood, Clearance, Attraction, Lucky Jickie.

Incense

Commanding Pepper, Love Me, Compelling, Luck-a-hurry, Black Cat, Commanding.

Perfumes

Stay Love Cologne.

Queen Street Drugstore

Perfumes

Strong Love Cologne, Deliverance, Tree Power Perfume, Nine Mile Home Protection, Lily of the Valley, Sheik, Showco Cologne, Prosperity.

Sprays

Buddha of Life, Mentholated, Juan el Conquistador.

Oils

Black Castor, Seven Holy Spirits Bath Oil, Black [illegible] Egyptian Oil, Beets Root Oil, Hyssop Bath Oil.

Incense

Helping Hand, Follow Me, Hindu's Egyptian Temple.

Sprays

Juan El Conquistador, Buddha of Life.

Miscellaneous

Powerful Indian Soap, Molasses, Cider Vinegar, Garlic Cider Vinegar.

Chapter 2

1. Hausman (1994, 98) discusses an early Jamaican version of the mermaid legend. An Arawak chief's golden treasure was guarded by a mermaid. A Spanish explorer tried to steal the mermaid's golden comb, and she drowned him. Emerick (1916, 35–36) reports that "slaves on water-works used to persuade their overseers or masters, to sacrifice an ox at the fountain-head of the water turning the mill in times of much drought, in order to propitiate the mistress of the river, that she may cause rain and give an adequate supply of water to turn the mill". The need for blood sacrifice to appease the riba muma was reported by many respondents. Several told how the bridge that was washed out coming down the Junction from Stony Hill ran into continual setbacks until a worker fell to his death, thus satisfying the mermaid's need for blood. The annual dinner yard offered by healers who have received their gifts of healing from the mermaid goes back to practices in the old days when "The people used to go also at stated times and sing and dance the mial dance for the 'rubba mumma' " (Emerick 1916, 35).
2. Anthropologists generally distinguish between witchcraft and sorcery. Witchcraft is considered to be inherited, and witches use psychic powers to harm their victims. Harm is sometimes inflicted unintentionally. Sorcery is considered to be a learned art, and sorcerers use spells, charms, potions, powders and poisons to accomplish their ends. The status of sorcerers varies from culture to culture depending on how they choose to use their powers, for good or for evil (see for example, the Merlin). Sorcerers often hold an ambiguous status because they are capable of either curing or killing a person. For example, in the United States, root doctors (the counterpart of the Jamaican obeah man) are considered capable of putting a fix, or roots, on individuals, to compel them to do something or even to kill them. A person who has been rooted has to go to another root doctor to be derooted, as biomedical practitioners do not know how to diagnose or treat such problems.
3. While the hot/cold classification of foods, illnesses and treatments is found throughout Central and South America, there is considerable variation in what is considered hot and cold. For example, coffee may be hot in one village and cold in another. Empacho (an illness defined as a blockage in the intestine caused by a stuck piece of food) may be classified as a hot or cold illness depending on where

a person is from.

Chapter 3

1. Fete-men are instructed by their pakits about the use of different herbs, as they are essential to the manipulation of spirit powers. "Rubbing trash" (or "weeds") is a Maroon saying that is a synonym for "working science", meaning the manipulation of spirits (Bilby 1981, 70).
2. Seaga (1969, 4) notes that the term *Pukumina* "is perhaps more closely linked semantically with Kumina, surviving as a purely African Religious cult which absorbed Myalism and became prominent in the second half of the century, after introduction . . . by post-emancipation African migrants to the St Thomas area in the 1850s".
3. During the course of fieldwork, a number of Revival practitioners were interviewed. In the beginning of interviews they all claimed to be '60 Revivalists, which was due, in part, to the stigma attached to the '61 form of Revival. However, as one Mother said after a healing ceremony, "We are all Pocomania."
4. One Revival practitioner stated that there are seven levels of heaven and each level has angels. The angels associated with Revival have their own colours and each angel has its own number (these are the good angels). He also commented, "There are no angels in heaven on Saturday night."
5. The spirits invoked in the first half of the Pukumina ceremony, described by Simpson (1970, 165), are the same as those summoned by Revival groups; however, in the second half of the ritual the "fallen angels" are invoked and Satan is called upon. "The four evangelists of the New Testament (Matthew, Mark, Luke and John), the disciples and many of the major and minor prophets, come to the second half of the ceremony as fallen angels; the two strongest forces in Revival, however – the Holy Ghost and Michael the Archangel – do not come, but are replaced by Lucifer."
6. One Revival practitioner noted that a person would have from one to seven flags in his or her yard depending on how many were in the "band" or "order". Only one flag in the yard meant that a band was of the first order. The flags are contained in a circle, which is where the seal is.
7. Leaders may be healers and/or obeah practitioners and are often associated with balm. These leaders give advice and counsel to their followers.
8. One Revivalist noted that the colour and vibration of the candle are important, as is the dressing of the candle. Each colour has a meaning associated with it: white = peace, red = love, blue = clearance, green = money, pink = prosperity, yellow = cross-condition (clearing like blue and sometimes used with blue), black = trouble and death (this is Saturday's candle). Each day of the week has a different-

coloured candle associated with it.

9. Examples include grapefruit, oranges, plantain and mango (fruits); cream soda (drink); specific tones or rhythms played on drums or sung (music); and colours associated with specific spirits (for example, Clair, the blue mermaid).
10. While conducting research in the Portland parish in 1992, we saw several dozen eggshells placed on the bushes outside of two different homes. When local residents were asked about the significance of the eggshells, they responded that it was a way to ward off evil. Also, while we were walking to the Senior Common Room, we found what was apparently an obeah guard in the pathway of a kitchen garden near Nuffield Flats, placed there evidently to ward off praedial thieves.
11. During the summer of 1994, Dr Alleyne participated in a radio talk show. One of the callers put forth the argument that the "four-eyed man" plays a very important role in communities today. She gave specific examples about the one in her community, who was consulted not only for health problems but also for various "problems" not having to do with evil. Note, however, the use of the term *four-eyed man* – which means he has eyes to see in the natural and spiritual world – in lieu of *obeah-man,* and see later the typological analysis of practitioners.
12. *Niega* is the Maroon term for black persons who are not Maroon.
13. Bilby's work was with the windward Maroons. While doing fieldwork in Accompong Town in the 1970s, Dr Payne-Jackson interviewed two practitioners, one whom community residents called an obeah-man, who was considered to be very powerful, and a second, younger man, whom residents called a "scientist". The older practitioner was well known for his knowledge and use of the herbs (as teas and baths), but he also used oils, powders and perfumes in his work. The younger practitioner used a crystal ornament and *The Sixth and Seventh Books of Moses* in his work, as well as herbs.
14. Practitioners say that science is practised only by men, as it is too strong for a woman and would drive her to madness.
15. A distinction is made in Jamaica between the pharmacy and the drugstore. The pharmacy is where a person goes in order to get a doctor's prescription filled, and the drugstore is where a person goes to get an obeah prescription filled. (The most famous drugstore in Kingston is March's Drugstore.)
16. Cf. a Kumina song line, "Me see di myal de pan de limba."
17. Schuler (1979, 67–68) notes that the myal dance is the first evidence of a cooperative effort among the slaves in Jamaica, replacing the ethnic division which had existed previously. Prior to this time slave revolts had been organized and executed by the Akan ethnic group. Schuler attributes this in part to the fact that by the late eighteenth century, 75 per cent of the slave population in Jamaica was Jamaican-born (creole). Schuler erroneously links myal to Central African religious movements. Brathwaite (1981) rejects her hypothesis and places myal in a wider perspective of African-Jamaican religious and ritual behaviour. Alleyne

(1988, 85) concurs with Brathwaite and suggests that the significance of myal is that "it is an organization, a society, or a 'movement', and as such added a new dimension to the already existing belief system".

18. Middle-class Jamaicans identify "revivalism" as a religion of the lower classes. The word *Pocomania*, which is glossed as "little madness", is the term they use to ridicule what they perceive to be a distorted form of Christianity based on obeah-associated practices.

Chapter 4

1. One of the methods of data collection used during the 1989 and 1991–92 fieldwork was pile sorts. Individuals were asked to sort cards for a given subject based on similarity of function. One of the interesting findings from this exercise was that Jamaicans in general sorted causes into piles based on a factor of one item in a pile being causally linked with another item in the pile. For example, in one pile an individual had put together smoking, night dew and draft. When asked to explain what these items had in common the response was, "Some people don't like you to smoke in their homes so you go onto the porch to smoke. You can catch a draft while standing on the porch or you can be exposed to the night dew which can make you sick."
2. The term *brick* is used to describe the colour of the urine test strip and the condition of the blood when "the sugar gets so high that it crystallizes and the person goes into a coma".
3. Jaundice was described by one respondent as being an illness or disease which affects the urinary tract; one can tell one has it because the urine stains the clothes and the commode.
4. Lawrence (1965) notes that early sixteenth-century writings refer to the urine of some patients as being sweet. In the seventeenth century the sweetness of the blood became linked to sugar.
5. *Bilious* was defined as follows by one respondent: "The stomach becomes acid or sour from eating too many sweets, too much acid or even stale food."
6. The obeah-type symptoms of diabetes have serious repercussions for diabetics in terms of public knowledge of their illness. Many patients interviewed commented that their family members did not want them to mention or talk to others about their disease.
7. One person described how to free up a duppy from a grave: "You can go to the grave with rum and we use a stick of a calabash tree and then you beat the grave and pour rum on it and then call him as did in life." When an obeah-man calls up a duppy he "fixes white rice and fowl to feed it (no salt) so it can stay out longer". Another person described how one obeah-man in his community was caught digging up a grave in order to take the skull. He would have then rebaptized it and

renamed it, thereby having control over the duppy.

8. Various techniques were reported on how to tie down a duppy at the time of burial: "Use three limes and three red peas to tie down duppy to grave"; "You can use either nail or needle . . . some put nails through each arm, the bottom of each foot, and the head to tie a duppy down at time of burial"; "Can cut off him seed and put in him mouth and then break him hand and break him foot."
9. Duppies are reported to travel at specific times of the day, but the times vary according to different individuals. It is also reported that if you are walking and you come to a spot that is suddenly cool, a duppy has just passed by.

Chapter 5

1. The 1989 and 1991–92 fieldwork used four methods to help determine the domain of practitioners: free listing, pile sorts, hierarchical clustering and multi-dimensional scaling (see Weller and Romney 1988; Trotter 1991; Bernard 1994). The computer software program ANTHROPAC was used to facilitate the data collection and analysis. More than two hundred individuals from eight different areas of Jamaica participated in the research.
2. An innovative project in the Port Antonio area, the Rio Grande Community Development Project, added a medical component, which had as one of its objectives to begin basic training of midwives (nannas), particularly in hygiene and sanitation issues.
3. In one community, the term *herbalist* was associated by some respondents with Seventh-Day Adventist people and with ganja users.
4. There are several types of croton in Jamaica: *C. wilsonii Griseb* (wild camphor), *C. humulis L.* (pepper rod), *C. eluteria* (cascarilla bark), *C. lucidus L.* (basket hoop), *C. flavens L.* (yellow balsam) and *C. Linearis Jacq.* (rosemary).
5. Several people talked about the mermaid combing her "tall" hair and leaving her comb and a straw of hair on the rock. When a person goes out for water and picks up the hair and comb, the next day money will be in the same place on the rock.
6. Many aspects of these rituals are shared with Vaudoun and Shango.
7. Conflict occasionally arises between healers, particularly if one is a stranger in a community. Brother A. was said to hold the keys to the city in which he lived. He came into conflict with a revivalist, Mother S., who came from Kingston to build a church, "just like somebody telling her there is no preacher in the area. She came and built up a church and she started preaching around." Brother A. said she should not be doing things like that; she had to ask for the keys to the city. The conflict came to a head one night when she had a meeting. "She was in emotion and they came into clash with the spirit power. She was using a lot of water on him to flog him because water was her power and strength [symbol]." Brother A.'s symbol was sugar cane, and "She wanted to get him weak with her water so she

could take his cane. They were fighting in the spirit."

Oral tradition reflected two different endings to this conflict. In the first, Mother S. "wet up" Brother A. with a lot of water, but she could not "get him". He gained the power, rendering her powerless.. In the second version, reported by an eyewitness, "Mother S. threw water on Brother A. and he became weak and dropped the cane and she took up the cane and beat him and he left." In spite of her victory, Mother S. left the city because Brother A. would not let her build her church.

8. The terms *psychic mother*, *bush doctor*, and *herbalist* are used as equivalents of obeah-man by some people. This overlap of terms appears to come in part from some practices used by some of these healers which place them on the border between the spiritual and occult realms – that is, a person has to "know obeah" in order to undo its effects. For example, the Captain discussed in the text was a Revival healer but was labelled an obeah-man by many people in the surrounding communities because of his ability to take off obeah. Another example is the psychic mother who sends people to the drugstore to fill prescriptions. The inclusion of the bush doctor and herbalist in this grouping seems to be dependent, in part, upon whether or not the practitioner uses drums. Drums are associated with the invocation of spirits.
9. Myal, according to some early missionary sources, was said to be an opposing force to obeah. The obeah-man or -woman was said to put obeah on a person, and the myal-man would take it off. Bilby (1993) provides an in-depth discussion of the misinterpretation of the relationship between myal and obeah. Myal in this typology reflects the confusion surrounding these two terms as most respondents referred to myal and obeah as different things although when asked for how they were different the answers were vague or the respondents did not know.
10. Kumina is an African-based religion still practised in the parish of St Thomas. Ancestral spirits are invoked as part of the healing ceremonies.
11. When asked why she was not called "mother", she replied that she did not do her spiritual work full time.
12. Our thanks to Erna Brodber for the many discussions we had while we stayed with her, and for allowing us to read her unfinished manuscript on DeLaurence and *Sixth and Seventh Books of Moses* and another manuscript called *Mothering*.

Glossary

13. In one of Payne-Jackson's classes, a student reported that her roommate's clothes had been destroyed by "burn fire" while hers remained unharmed.
14. One obeah man interviewed spent time in jail as a result of being caught digging up a body in order to take the skull.
15. Body parts and fluids such as hair, nails, menstrual blood, sweat and semen, and also clothing, are considered the strongest elements for use in contagious magic.

Chapter 6

1. For example, "In God Do I Put My Trust", "The Lord Is My Shepherd", "Great Is the Lord, and Greatly to Be Praised" and "How Say Ye unto Pharaoh, I Am the Son of the Wise, the Son of Ancient Kings?"
2. Emerick (1916, 23–26) describes "rollen calves" as "a set of animals, (or rather, as it is believed) evil spirits in the shape of animals, which travel about at nights. . . . The creatures of *transmigrated* souls are seen in a variety of forms, like cats, dogs, hogs, goats, horses, bulls, etc., and are said to be most dangerous and *inveterate* when met in the feline form and of a black or brindled colour. A bit of chain is attached to their necks, which they carry with them from the *infernal regions.*"
3. This incident was reported to Aaron Feigenbaum during fieldwork conducted in 1992.
4. This incident was observed and recorded by Jennifer Vest during her fieldwork with the team in 1991.
5. She referred to both the coconuts on the table and the Jeremiah leaf used for the exorcism as "messages" or forms of communication between people and spirits.

Chapter 7

1. A combination of herbs is used in bush-baths. Some of the more commonly used ones include rosemary (*Rosmarinus officinale*), dandelion (*Cassia occidentalis*), chainey root (*Similax balbisiana*), search-me-heart (*Rytidophyllum tomentosum*), donkey weed (*Stylosanthes hamata*), tamarind (*Desmanthia*) and vervine (*Verbena*

jamaicensis).

2. Dr George Sidrak of the Department of Botany of the University of the West Indies (Jamaica) made the scientific identification of most of the plants listed in this chapter. Those specimens were deposited with the Department of Botany. Other specimens were identified at the Smithsonian Institution in Washington, DC, and they are on deposit in the Department of Sociology and Anthropology at Howard University.

Accompong. Twi god or Supreme Being of heaven.

apana. Ayurvedic bodily function in the abdomen responsible for excretion and procreation.

Ayurvedic dosha humours (Hindu). Ayurvedic dosha humours include phlegm (mucus), bile (gall) and wind (flatulence).

balming. Rubbing the body with oil.

balm-yard. The ritual site of a balm healer.

bands. Group units in Revival. Bands are organized into three levels: Leaders, Post-holders, and Floor Members.

bayi (beyi). Twi word for witchcraft.

bayi kom-fo. Priest of witchcraft.

black magic. Magic practised for evil purposes and associated with Afro-Christian spiritual and occult practitioners.

blood bath. Revivalist bath given when a person has a serious illness or faces a difficult situation, such as a court case.

bodily humours. Blood, phlegm, black bile and yellow bile.

bonesetter. Lay practitioner who sets broken bones.

bongo-man. Ritual specialist of Convince.

burn fire. A sign of malicious intent in which a person's clothes in a closet or drawer are destroyed by being burned; associated with DeLaurence.

bush-bath. Herbal bath used to treat illness or cleanse a person from evil spirits.

bush-doctor (bush-man). Herbalist or a person who uses herbal remedies.

bush teas. Teas made with local herbs to treat illnesses.

business dance. Kromanti dance performed as a healing ceremony.

caul. A person born with the placenta over the face ("born with the caul") is considered to have special powers that allow him or her to be clairvoyant and see into the spirit world.

concentration. Deep thinking.

consideration. Illness induced by stress; deep in thought.

Convince. Considered by some to be the oldest surviving form of myalism.

coolie duppy. East Indian duppy; considered to be the most dangerous type of duppy.

Creole. (a) Name given to languages which emerged from contact between Europeans and Africans. (b) Any human, animal or plant species born, grown or produced in the New World, as opposed to those born, grown or produced in Europe.

daddies. Leaders in the Native Baptist missions.
deep sick. Chronic illness sent by or allowed by God.
DeLaurence. A Chicago-based occult organization referred to as "science".
drugstores. Shops that stock medicines (e.g., powders, potions, lotions, candles, and so on) prescribed by obeah and spiritual healers to treat illness.
duppy. The spirit of an ancestor or the shadow left behind at time of death; usually thought to cause harm but can also be helpful.
duppy sickness. Illness caused by bumping into a duppy or being "set on" by a duppy called by an obeah practitioner.
earthbound spirits. In Revival these include fallen angels, biblical prophets, apostles and beings with satanic powers.
emic. The view of a phenomenon from an insider's perspective.
entombment dance. Nine-night ceremony for the dead.
etic. The view of a phenomenon from an outsider's perspective.
evil eye. Illness caused by casting an evil glance or spell on a person.
evil sickness. Illness caused by obeah; black magic.
fallen angels. Evil spirits; duppies.
fete-man. Ritual specialist, among the Maroons.
fetish. An object considered to have mysterious powers.
flying evil. Spirits associated with DeLaurence; they are considered to be very powerful because they can cross water.
flying razor blades. A sign of malicious intent in which a person's clothes in a closet or drawer are destroyed by being slashed; associated with DeLaurence.
God sickness. Chronic illness sent by or allowed by God.
ground spirits. In Revivalism, includes the human dead except those in the Bible (also called journey prophets or journeymen).
grudge. To be envious or jealous of a person.
guard. Magical protection against obeah or to ward off evil spirits.
guardian spirit. An angel or biblical prophet who visits a person through dreams or visions.
guzum. A word for working obeah; magic.
heavenly spirits. The Revivalist trilogy: archangels, angels and saints.
Hippocratic humoral medicine. [Greek] The European concept of medicine at the time of colonization; a balance of the four humours – blood, phlegm, black bile and yellow bile – was required for health.
horse. Person possessed by a spirit.
hot-house. Plantation hospital.
John Crow. Vulture.
King Zombi. Sky-bound god of Kumina.
Kromanti dance/play. See **pleasure dance; business dance.**
kumfu-man. Derived from Twi *okon-fo.*

Kumina. Belief system that emerged from the Congo-Angola Bantu peoples.
Kumina or gumbe play. Music and dance in Kumina ritual.
memorial dance. Called the black and white dance in Kumina.
mermaid (riba muma; river maid). A syncretism of the European mermaid and the African water sprite who guards water sources.
messenger. Spirit that possesses a person.
mogya. Ashanti term for blood.
molly gripe and fluxed complaint. Stomach ailment caused by eating a harmful mixture of foods or fruits.
mother. Spiritual healer associated with Revival.
myal. Spirit; an opposing force to obeah but not always clearly distinguished from obeah.
nanna. Lay midwife.
Native Baptist. Non-conformist Christian movement of the eighteenth and nineteenth centuries, associated with Revivalism.
naturalistic aetiology. Explanation of illnesses thought to be caused by natural causes, such as an imbalance in humours or exposure to the environment (rain, dew, draft).
Nyankopong (Nyame; Yankipong). In Akan religion, a Supreme Being who is all-wise and all-powerful.
obayi-fo (obeyi-fo). Twi for sorcerer, witch.
obeah. Black magic; associated with "knowledge of the grave".
Obei. Sky-bound god in Kumina (perhaps the root of modern obeah).
Oto. Sky-bound god in Kumina.
pakit. Maroon ancestral spirit.
personalistic aetiology. Explanation of illnesses thought to be caused by either a spiritual entity (God, Satan or evil spirits) or a human agent (witch or obeah-man, for example).
physician. Revival spiritual healer.
pickney. Child.
pidgin. The combining and simplification of two or more languages for the purpose of trade; not the native language of a people.
pleasure dance. Maroon Kromanti dance performed for the purpose of entertainment.
prana. Ayurvedic bodily function in the heart that responds to breathing and the swallowing of food.
private magic. Most commonly used in matters of love and hate, for protection against witchcraft and to bring good luck.
provision ground. Small farm or kitchen garden.
psychic mother. A spiritual healer who has the gift of foresight and can "read up" a person.
Pukumina (Pocomania). A religion mixing Revivalism with ancestral-spirit possession.
purity bath. A Revival bath that uses consecrated water.

reader. A person who can foretell the future.
reading (read up). Diagnostic technique used to determine a patient's problem.
red eye. Greedy, miserly person.
revealer. A spiritual practitioner who diagnoses illness.
Revival. A religion that combines the Revival traditions with elements of African ancestral veneration.
rolling calf. Duppy associated with a butcher, obeah-man, or any of a variety of animals

References

that roam at night and are characterized by carrying a chain.

saddle. Cloth tied around the head of a possessed person.

samana. Ayurvedic bodily function that fans the fire of the stomach to digest food.

sasabonsam. Evil spirits.

Science. Considered to be "white magic" and stronger than obeah because it was book-learned; associated with DeLaurence.

science-man (scientist). Practitioner of DeLaurence science.

seal. An altar on the ground of a balm-yard healer.

seer. A practitioner who has the ability to see and communicate with spirits.

shadow. See **duppy.**

Shango. Sky-bound god in Kumina.

sorcerer. Practitioner of antisocial magic.

spirit sickness. Illness caused by evil spirits or obeah.

spiritual lick/lash/blow. Supernatural hurt from obeah or evil spirits ("lick them with duppy").

spiritual mother. Practitioner in the Revival religion.

spiritus animalis. In the European concept of blood circulation, blood in the brain.

spiritus naturalis. In the European concept of blood circulation, blood in the liver.

spiritus vitalis. In the European concept of blood circulation, blood in the heart.

stonings. Stones falling from the sky and pelting a house; associated with unpaid obligations to DeLaurence.

tables. Rituals performed for specific purposes.

talisman. An engraved figure or symbol worn or carried to protect a person from harm or to bring good luck.

tonics. A variety of herbs mixed as a medicine to build up the body.

trick. Obeah placed on a person.

udana. Ayurvedic bodily function emanating from the throat and causing speech.

vaidya. Ayurvedic doctors.

vayu. Ayurvedic winds: udana, prana, aana, apana and vyama.

vyama. Ayurvedic bodily function or generally diffused wind, causing the motion of the blood and the body generally.

warner. A person who prophesies or warns communities of pending disaster.

white magic. Highest order of magic; associated with science.

witch. A person who has inherited psychic powers and uses them to cause harm.

witch doctors. Pejorative term for folk medical practitioners.

working ceremonies. Ceremonies conducted by obeah-men in their yards for a variety of purposes.

yard. The land around and including a dwelling.

yin/yang. Chinese humoral theory of medicine.

zombi. The spirit of a man or woman who, in life, was possessed by a god and danced as a result, or who was a drummer or an obeah practitioner.

Adams, C.D. 1972. *The Flowering Plants of Jamaica*. Mona, Jamaica: University of the West Indies.

Adams, C.D., K. Magnus, and C. Seaforth. 1963. *Poisonous Plants of Jamaica*. Mona, Jamaica: University of the West Indies, Department of Extra-Mural Studies.

Agorsah, Kofi. 1994. *Maroon Heritage: Archeological and Ethnological Perspectives*. Kingston: Canoe Press.

Aho, W.R., and K. Minnot. 1977. Creole and Doctor Medicine: Folk Beliefs, Practices, and Orientations to Modern Medicine in a Rural and an Industrial Setting in Trinidad and Tobago, West Indies. *Social Science and Medicine* 11: 349–55.

Alexis, Jude. 1981. Folk Medicine and Modern Medicine: Folk Belief Practices of Consumers and Providers of Health Care and the Implications for Primary Health Care. Diss., Diploma in Community Health, University of the West Indies.

Alleyne, Mervyn C. 1970. Acculturation and the Cultural Matrix of Creolization. In *Pidginization and Creolization of Languages*, edited by Dell Hymes. Cambridge: Cambridge University Press.

———. 1971. The Linguistic Continuity of Africa in the Caribbean. In *Topics in Afro-American Studies*, edited by Henry Richards. Buffalo: Black Academy Press. Reprinted in *Black Academy Review* 1(1970): 3–16.

———. 1980. Theoretical Orientations in Creole Studies. In *Theoretical Orientations in Creole Studies*, edited by A. Valdman and A. Highfield. New York: Academic Press.

———. 1988. *Roots of Jamaican Culture*. London: Pluto.

———. 2002. *The Construction and Representation of Race and Ethnicity in the Caribbean and the World*. Kingston: University of the West Indies Press.

Asprey, G.F., and P. Thornton. 1953. Medicinal Plants of Jamaica. Part 1. *West Indian Medical Journal* 2: 223–52.

———. 1954a. Medicinal Plants of Jamaica. Part 2. *West Indian Medical Journal* 4: 69–82.

———. 1954b. Medicinal Plants of Jamaica. Part 3. *West Indian Medical Journal* 4: 145–68.

———. 1981. *Medicinal Plants of the West Indies*. Algonac, Mich.: Reference Publications, Inc.

Ayensu, Edward. 1981. *Medicinal Plants of the West Indies*. Algonac, Mich.: Reference Publications.

Banbury, Thomas R. 1895. *Jamaica Superstitions; or the Obeah Book*. Kingston: DeSouza.

Barham, Henry. 1794. *Hortus Americanus . . . Particularly of the Island of Jamaica*. 1725. Kingston: A. Aikman.

Barrett, Leonard. 1976. *The Sun and the Drum: African Roots in Jamaican Folk Tradition*. Kingston: Sangster's, in association with Heinemann.

———. 1988. *The Rastafarians: Sounds of Cultural Dissonance*. Boston: Beacon Press.

Basham, A.L. 1967. *The Wonder That Was India*. London: Sidgwick and Jackson.

Benoît, Catherine. 1990. Body Map and the Hot/Cold Theory Revisited among African-Guadeloupeans. Paper presented at the Annual Meeting of the American Anthropological Association, New Orleans.

Benoist, Jean. 1993. Anthropologie médicale en société créole. *Série Les Champs de la Santé*. Paris: Presses Universitaires de France.

Berlin, Ira. 1980. Time, Space, and the Evolution of Afro-American Society on British Mainland North America. *American Historical Review* 85, no. 1: 44–78.

Bernard, Russell. 1994. Research Methods in Anthropology: Qualitative and Quantitative Approaches. Thousand Oaks, Calif.: Sage.

Bilby, Kenneth. 1981. Black Women and Survival: A Maroon Case. In *Black Women Cross-Culturally,* edited by Filomina Steady. Cambridge, Mass.: Schenkman.

———. 1993. The Strange Career Of "Obeah": Defining Magical Power in the West Indies. Paper presented at John Hopkins University, Institute for Global Studies in Culture, Power, and History.

Bougerol, Catherine. 1985. Logique de l'excès, logique de la rupture: le chaud et le froid dans la médicine populaire de Guadeloupe. *L'Ethnographie* 81: 159–68.

Brathwaite, Edward. 1981. Rebellion: Anatomy of the Slave Revolt of 1831–32. *Jamaica Historical Review* 13: 11–30.

Briggs, Katherine. 1962. *Pale Hecate's Team: An Examination of the Beliefs on Witchcraft and Magic among Shakespeare's Contemporaries and His Immediate Successors.* London: Routledge and Kegan Paul.

Brown, P. 1789. *The Civil and Natural Histroy of Jamaica*. Kingston.

Bryan, Patrick. 1991. *The Jamaican People, 1880–1902*. Warwick University Caribbean Studies. London: Macmillan.

Buchner, John. 1854. *The Moravians in Jamaica*. London: Longman Brown and Co.

Callahan, Bryan. 1995. Yaws and the Politics of Public Health in Jamaica, 1700–1945. Unpublished paper, Department of History, Johns Hopkins University.

Cassidy, Frederic, and Robert Le Page. 1967. *Dictionary of Jamaican English*. Cambridge: Cambridge University Press.

Chevannes, Barry. 1978. *Social Origins of the Rastafari Movement*. Mona, Jamaica: Institute of Social and Economic Research.

———. 1995. *Rastafari and Other African-Caribbean World Views*. Houndmills, Basingstoke, Hampshire: Macmillan; The Hague: Institute of Social Studies.

Chisholm, Colin. 1822. *A Manual of the Climate and Diseases of Tropical Countries.* London: Burgess and Hill.

Cohen, Milton. 1973. Medical Beliefs and Practices of the Maroons of Moore Town: A Study in Acculturation. PhD diss., New York University.

Cumper, George. 1983. Jamaican Case Study in Health Development. *Social Science and Medicine* 17, no. 24: 1983–93.

Currier, Richard. 1966. The Hot/Cold Syndrome and Symbolic Balance in Mexican and Spanish-American Folk Medicine. In *The Cross Cultural Approach to Health Behavior,* edited by L.R. Leach. Rutherford, N.J.: Fairleigh Dickinson University Press.

Curtin, Phillip. 1968. Epidemiology and the Slave Trade. *Political Science Quarterly* 83: 190–216.

Dallas, Robert. 1803. *The History of the Maroons*. London: Longman and O. Rees.

Dancer, Thomas. 1801. *The Medical Assistant or the Jamaican Practice of Psychic*. Kingston: A. Aikman.

Davidson, Basil. 1969. *The African Genius*. New York: Little, Brown.

Davis, Natalie. 1981. Printing and the People: Early Modern France. In *Literacy and Social Development in the West: A Reader,* edited by Harvey J. Graff. Cambridge: Cambridge University Press.

Dayton, E., and A. Payne-Jackson. 2000. Jamaica Adult Onset Diabetes: Communicative Behavior and the Diabetic Interview. *Society of Caribbean Linguistics 2000 Conference Presentations*. Kingston: University of the West Indies.

Descartes, R. 1961. *Abhandlungen uber die Methode des richtigen Vernumftgebrauchs*. Stuttgart: Reclam.

———. 1969. *Uber den Menschen*. Heidelberg: L. Schneider.

Edwards, Bryan. 1793. *The History of the British Colonies in the West Indies*. 2 vols. London: J. Stockdale.

Eisner, Gisela. 1961. *Jamaica 1830–1930: A Study in Economic Growth*. Manchester: Manchester University Press.

Emerick, Abraham, S.J. 1916. *Obeah and Duppyism in Jamaica (1915); Jamaica Mialism (1916); Jamaica Duppies (1916)*. Copied from the Woodstock Letters, 1915 and 1916, Woodstock, Md.

Fabrega, Horacio, Jr. 1974. *Disease and Social Behavior: An Interdisciplinary Perspective*. Cambridge: MIT Press.

Fainzang, Silvie. 1985. La pensée étiologique des Bisa. *L'Ethnographie* 81: 187–96.

Feierman, Steven. 1985. Struggles for Control: The Social Roots of Health and Healing in Modern Africa. *African Studies Review* 28: 73–147.

Fisher, Sue, and Alexander Dundas Todd. 1993. *The Social Organization of Doctor-Patient Communication*. 2nd ed. Norwood, N.J.: Ablex Publishing Corporation.

Foster, George. 1973. *Guidelines to Community Development Programs*. Public Health Reports 60. Washington, D.C.: Government Printing Office.

———. 1976. Disease Etiologies in Non-Western Medical Systems. *American Anthropologist* 78: 773–82.

———. 1994. *Hippocrates' Latin American Legacy. Humoral Medicine in the New World*. Langhorne, Penn.: Gordon and Breach.

Foster, George, and B. Anderson. 1978. *Medical Anthropology*. New York: Wiley.

Gardner, William. 1873. *A History of Jamaica from its Discovery by Christopher Columbus to the Present Time*. London: E. Stock.

Gelfand, Michael. 1964. *Medicine and Custom in Africa*. Edinburgh: Livingstone.

Genovese, Eugene. 1976. *Roll, Jordan, Roll: The World the Slaves Made*. New York: Vintage Books.

Glick, Leonard. 1967. Medicine as an Ethnographic Category: The Gini of the New Guinea Highlands. *Ethnology* 6: 31–56.

Glissant, Edouard. 1981. *Le Discours Antillais*. Paris: Seuil.

Golding, John. 1994. *Ascent to Mona: A Short History of Jamaican Medical Care*. Kingston: Canoe Press.

Gray, D. 1983. Arthritis: Variation in Beliefs about Joint Disease. *Medical Anthropology* 7: 29–46.

Griffith, Ezra. 1983a. The Significance of Ritual in a Church-Based Healing Model. *American Journal of Psychiatry* 140: 568–72.

———. 1983b. Impact of Sociocultural Factors on a Church-Based Healing Model. *American Journal of Orthopsychiatry* 53: 291–303.

Hand, Wayland. 1980. *Magical Medicine. The Folkloric Component of Medicine in the Folk Belief, Custom, and Ritual of the Peoples of Europe and America*. Berkeley: University of California Press.

Harwood, Alan. 1971. The Hot/Cold Theory of Disease. *Journal of the American Medical Association* 216: 1153–58.

Hausman, Gerald. 1994. *Duppy Talk: West Indian Tales of Mystery and Magic*. New York: Simon and Schuster.

Heinz, Andreas, Steven Ramey, and Arvilla Payne-Jackson. 1997. Blood Terms and Concepts in Jamaicans and Jamaican Americans: Acculturation of Explanatory Models. Paper presented at the Middle Atlantic Council of Latin American Studies, Annapolis, Maryland.

Henke, Holger. 1994. Mapping the "Inner Plantation": A Cultural Exploration of the Origins of Caribbean Local Discourse. Unpublished manuscript, Department of Government, University of the West Indies, Mona, Jamaica.

Herron, Lenora, and Alice Bacon. 1973. Conjuring and Conjure Doctors. In *Mother Wit from the Laughing Barrel: Readings in the Interpretation of Afro-American Folklore,* edited by Alan Dundes. Englewood Cliffs, N.J.: Prentice-Hall.

Herskovitz, Melville. 1941. *The Myth of the Negro Past*. New York: Harper and Bros.

Hogg, Donald. 1960. *The Convince Cult in Jamaica*. Yale University Publications in Anthropology, no. 58. New Haven: Department of Anthropology, Yale University.

———. 1964. Jamaican Religions: A Study in Variations. PhD diss., Yale University.

Janzen, John. 1977. The Comparative Study of Medical Systems as Changing Social Systems. *Social Science and Medicine* 12, no. 2: 121–30.

Janzen, John, and Gwyn Prins, eds. 1981. Causality and Classification in African Medicine and Health. *Social Science and Medicine* 15, no. 3: 180–92.

Kelly, Isabel. 1965. *Folk Practices in North Mexico.* Austin: University of Texas Press.

Kleinman, Arthur. 1980. *Patients and Healers in the Context of Culture*. Berkeley: University of California Press.

Kloss, Jethro. 1972. *Back to Eden*. Santa Barbara, Calif.: Woodbridge Press.

Laguerre, Michel. 1987. *Afro-Caribbean Folk Medicine*. South Hadley, Mass.: Bergin and Garvey.

Lawrence, R.D. 1965. *The Diabetic Life*. London: J.A. Churchill.

Lazarus, Ellen. 1988. Theoretical Considerations for the Study of the Doctor–Patient Relationship: Implications of a Perinatal Study. *Medical Anthropology Quarterly* 2, no. 1: 34–59.

Leavitt, Linda. 1992. *Disability and Rehabilitation in Rural Jamaica: An Ethnographic Study*. Rutherford: Fairleigh Dickinson University Press; London and Cranbury, N.J.: Associated University Presses.

Lewis, Matthew Gregory. 1845. *Journal of a Residence among the Negroes in the West Indies*. London: John Murray.

Lind, A.W. 1958. Adjustment Patterns among the Jamaican Chinese. *Social and Economic Studies* 7, no. 2: 136–61.

Lloyd, William. 1839. *Letters from the West Indies, during a Visit in the Autumn of MDCCCXXXVI, and the Spring of MDCCCXXXVII*. London: Darton and Harvey.

Logan, Michael. 1977. Anthropological Research on the Hot/Cold Theory of Disease. *Medical Anthropology* 4: 87–112.

———. 1978. Humoral Medicine in Guatemala and Peasant Acceptance of Modern Medicine. In *Health and the Human Condition: Perspectives on Medical Anthropology*, edited by Michael Logan and E. Hunt. North Scituate, Mass.: Duxbury Press.

Long, Edward. 1774. *The History of Jamaica*. London: T. Lowndes.

Lopez, Adalberto, and James Petras, eds. 1976. *Puerto Rico and Puerto Ricans: Studies in History and Society*. New York: Halstead Press.

Lowe, Henry. 1977. Periwinkle: From Folklore to Medicine. *Jamaica Journal* 11: 46–48.

Lowe, Henry, Arvilla Payne-Jackson, Steve Beckstrum-Sternberg, and James Duke. 2001. *Jamaican Ethnomedicine: Its Potential in the Health Care System*, 2nd ed. Kingston: Pelican Press.

Lunan, John. 1814. *Hotus jamaicensis, or a Botanical Description (According to the Linnean System) and an Account of the Virtues, &c., of Its Indigenous Plants Hitherto Known, as also of the Most Useful Exotics.* 2 vols. Jamaica: St Jago de la Vega Gazette.

Lynch, Theodora. 1856. *The Wonders of the West Indies*. London: Seeley, Jackson, and Halliday.

Madden, Richard. 1835. *A Twelve Months Residence in the West Indies during the Transition from Slavery to Apprenticeship*. Philadelphia: Carey, Lee, and Blanchard.

Madsen, C. 1955. Hot and Cold in the Universe of the San Francisco Tescopa Valley of Mexico. *Journal of American Folklore* 68: 123–39.

Maier, D. 1979. Nineteenth-Century Asante Medical Practices. *Comparative Studies in Society and History* 21: 63–81.

Marchione, Thomas. 1977. St James Community Health Aide Programme, Phase IV Evaluation Report (draft). Caribbean Food and Nutrition Institute, University of the West Indies, Mona, Jamaica.

Marshall, Woodville. 1990. "We Be Wise to Many More Tings": Blacks' Hopes and Expectations of Emancipation. In *The University of the West Indies Fortieth Anniversary Lectures,* edited by F. Augier. Kingston: University of the West Indies.

Mason, Stephen. 1962. *A History of the Sciences*. New York: Collier.

Minkers, Helaine. 1979. Causal Theory in Akwapim Akan Philosophy. In *African Plutosophy,* edited by Richard Wright. Washington, D.C.: University Press of America.

Mintz, Sidney. 1993. Tasting Food, Tasting Freedom. In *Slavery in the Americas,* edited by Wolfgang Binder. Würzburg: Königshausen and Neumann.

Mintz, Sidney, and Richard Price. 1992. *The Birth of African- American Culture: An Anthropological Perspective*. Boston: Beacon Press.

Mitchell, M. Faith. 1978. *Hoodoo Medicine: Sea Islands Herbal Remedies*. Berkeley, Calif.: Reed, Cannon, and Johnson.

———. 1984. Pharmacists in Jamaica: Health Care Roles in a Changing Society. In *Black Folk Medicine: The Therapeutic Significance of Faith and Trust,* edited by Wilbur Watson. New Brunswick, N.J.: Transaction Books.

———. 1993. Popular Medicine and Professional Medicine: The Use of Medical Drugs in Jamaica. In *Inquiry at the Grassroots,* edited by W. Glade and C. Reilly. Arlington, Va.: Inter-American Foundation.

Moore, Joseph. 1953. Religion of Jamaican Negroes. PhD diss., Northwestern University.

———. 1965. Religious Syncretism in Jamaica. *Practical Anthropology* 12: 63–70.

———. 1982. Music and Dance as Expressions of Religious Worship in Jamaica. In *African Religious Groups and Beliefs,* edited by Simon Ottenberg. Cupertino, Calif.: Folklore Institute.

Morris, B. 1994. *Anthropology of the Self: The Individual in Cultural Perspective*. London: Pluto Press.

Morrish, Ivor. 1982. *Obeah, Christ, and Rastaman: Jamaica and Its Religion*. Greenwood, S.C.: The Attic Press.

Morton, Julia. 1981. *Atlas for Medicinal Plants of Middle America: Bahamas to Yucatan*. Springfield, Ill.: Charles Thomas.

Murphy, Joseph. 1994. *Working the Spirit: Ceremonies of the African Diaspora*. Boston: Beacon Press.

Nettleford, Rex. 1972. *Identity, Race, and Protest in Jamaica*. New York: William Morrow.

Olwig, Karen. 1994. Slave Survival Strategies: Subsistence, Trade and Healing. Unpublished manuscript, Institute of Anthropology, University of Copenhagen.

Orr, J. Edwin. 1989. *The Event of the Century: The 1857–1858 Awakening*. Wheaton, Ill.: International Awakening Press.

Palmer, Colin. 1976. *Slaves of the White God: Blacks in Mexico*. Cambridge: Harvard University Press.

Pares, Richard. 1960. Merchants and Planters. *Economic History Review*. Cambridge: Cambridge University Press.

Parrotta, John. 2001. *Healing Plants of Peninsular India*. Rio Piedras, Puerto Rico: International Institute of Tropical Forestry.

Patrick, Peter. 1992. *Linguistic Variation in Urban Jamaican Creole: A Sociolinguistic Study of Kingston, Jamaica*. PhD diss., University of Pennsylvania. Ann Arbor, Mich.: UMI.

Patrick, Peter, and Arvilla Payne-Jackson. 1996. Functions of Rasta Talk in a Jamaican Creole Healing Narrative: "A Bigfoot Dem Gi' Me". *Journal of Linguistic Anthropology* 6, no. 1: 1–38.

Patterson, Orlando. 1967. *The Sociology of Slavery: An Analysis of the Origin, Development, and Structure of Negro Slave Society in Jamaica*. London: McGibbon and Kee.

Payne, Arvilla. 1990. Food and Folk Health: The Hot and the Cold of It. *Latin American Essays* 2: 171–79.

———. 1991. The Traditional Concepts in Jamaican Folk Medicine. *Latin American Essays* 3: 147–60.

Payne-Jackson, Arvilla. 1999. Biomedical and Folk Medical Concepts of Adult Onset Diabetes in Jamaica: Implications for Treatment. *Health* 3, no. 1 (January): 1–46.

Payne-Jackson, Arvilla, and Mervyn Alleyne. 1992a. Third Quarterly Report on Contributing Factors to the Choice of Ethnobotanical Treatments for Illness in Jamaica. The United States Agency for International Development Research Grants Program for Historically Black Colleges and Universities.

———. 1992b. Final Report on Contributing Factors to the Choice of Ethnobotanical Treatments for Illness in Jamaica. The United States Agency for International Development Research Grants Program for Historically Black Colleges and Universities.

Payne-Jackson, Arvilla, and John Lee. 1993. *Folk Wisdom and Mother Wit: John Lee—An African American Healer*. Westport, Conn.: Greenwood.

Peck, John G. 1968. Doctor Medicine and Bush Medicine in Kaukira, Honduras. In *Essays on Medical Anthropology,* edited by Thomas Weaver. Southern Anthropological Society Proceedings 1.

Perkins, Lilly. 1969. Duppy Plants in Jamaica. *Jamaica Journal* 3, no. 1: 17–21.

Pfund, Alicia. 1991. On the Origins of the Hot/Cold Concept in Latin America. *Latin American Essays* 3: 161–78.

Pollack-Eltz, Angelina. 1982. *Folk Medicine in Venezuela*. Series Americana 9. Vienna: Fohrenau.

Pullen-Burry, B. 1903. *Jamaica As It Is, 1903*. London: T. Fisher Unwin.

Raboteau, Albert. 1978. *Slave Religion: The "Invisible Institution" in the Antebellum South*. New York: Oxford University Press.

———. 1986. The Afro-American Traditions. In *Caring and Curing: Health and Medicine in the Western Religious Traditions*, edited by R. Numbers and D. Amundsen. New York: Macmillan.

Rampini, Charles. 1873. *Letters from Jamaica*. Edinburgh: Edmonston and Douglas.

Rashford, John. 1984. Plants, Spirits, and the Meaning of *John* in Jamaica. *Jamaica Journal* 17, no. 2: 62–70.

Rattray, Robert Sutherland. 1916. *Ashanti Proverbs*. Oxford: Clarendon.

Rickford, John. 1987. *Dimensions of a Creole Continuum: History, Texts, and Linguistic Analysis of Guyanese Creole*. Stanford, Calif.: Stanford University Press.

Robertson, Diane. 1990. *Live Longer, Look Younger with Herbs*. Kingston: Stationery and School Supplies.

Roys, Ralph. 1931. *The Ethnobotany of the Maya*. New Orleans: Department of Middle American Research, Tulane University.

Salazar, Carol. 1984. La Cosmovision del Narrador Magicorrealista. MA thesis, University of Arizona.

Schuler, Monica. 1979. *"Alas! Alas! Kongo": A Social History of Indentured African Immigration into Jamaica 1841–1865*. Baltimore: Johns Hopkins University Press.

Seaga, Edward. 1969. Revival Cults in Jamaica: Notes towards a Sociology of Religion. *Jamaica Journal* 3, no. 2: 3–13.

[Senior, Bernard?]. 1835. *Jamaica, as It Was, as It Is, and as It May Be*. London: T. Hurst.

Senior, Olive. 1983. *A–Z of Jamaican Heritage*. Kingston: Heinemann and the Gleaner Company.

Sheridan, Richard B. 1985. *Doctors and Slaves: A Medical and Demographic History of Slavery in the British West Indies, 1680–1834*. Cambridge: Cambridge University Press.

Simpson, George. 1956. *Jamaican Revivalist Cults*. Institute of Social and Economic Research, University of the West Indies, Mona, Kingston, Jamaica.

———. 1970. Afro-American Religion and Religious Behaviour. Paper presented at Continuities and Discontinuities in Afro-American Societies and Cultures, Joint Conference of the Social Science Research Council and University of the West Indies, Mona, Jamaica.

———. 1978. *Black Religions in the New World*. New York: Columbia University Press.

Sindzingre, N., and A. Zempléni. 1981. Modèles et pragmatique, activation, et répétition: réflexions sur la causalité et de la maladie chez les Senoufo de Côte d'Ivoire. *Social Science and Medicine* 15, no. 3: 279–93.

Singer, Phillip. 1977. Introduction. In *Traditional Healing: New Science or New Colonialism? Essays in Critique of Medical Anthropology,* edited by Phillip Singer. Buffalo: Conch Magazine.

Singer, Phillip, L. Aarons, and E. Araneta. 1967. Integration of Indigenous Healing Practices of the Kali Cult with Western Psychiatric Modalities in British Guiana. *Revista Interamericana de Sicología* 1: 103–13.

The Sixth and Seventh Books of Moses: Moses' Magical Spirit-Art. 1916. Chicago: The DeLaurence Co.

Sloane, Sir Hans. 1725. *A Voyage to the Islands Madera, Barbados, Nieves, S. Christophers, and Jamaica*. London: B.M.

Smith, Michael G. 1965. *The Plural Society in the British West Indies*. Berkeley: University of California Press.

Index